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 (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STAT	EMENT:			
Accounting Period	2024/1				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conduci If there were different owners during the accounting period, or a single statement of account and royalty fee payment covering the Check here if this is the system's first filing. If not, enter the LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SY CINCINNATI BELL EXTENDED TERRITORII	the business of the cable system only the owner on the last day of the e entire accounting period. • system's ID number assigned by STEM	n. e accounting period should sub		62861
	ALTAFIBER	-3, 220			
				6286	120241
				62861	2024/1
	221 E FOURTH STREET # 206 CINCINNATI, OH 45202				
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade nam names already appear in space B. In line 2, give the mailin	-			
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	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 first comr	nunity served below and re	list on page	e 1b
Area Served	with all communities.	STATE			
First		OH			
Community	Below is a sample for reporting communities if you report	multiple channel line-ups in Si	pace G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	Α		1
•	Alliance	MD	В		2
	Gering	MD	В		3
form in order to pro numbers. By provid search reports pre	e: Section 111 of Title 17 of the United States Code authorizes the Copyrigh bccess your statement of account. PII is any personal information that can be ting PII, you are agreeing to the routine use of it to establish and maintain a bared for the public. The effect of not providing the PII requested is that it may statements of account, and it may affect the legal sufficiency of the filing.	used to identify or trace an individual, public record, which includes appearin ay delay processing of your statement	such as name, address, and telep ng in the Office's public indexes ar of account and its placement in th	ohone nd in	

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DATE RECEIVED

8-28-24

AMOUNT

ALLOCATION NUMBER

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

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
CINCINNATI BELL EXTENDED TERRITORIES, LLC			62861	
<b>Instructions:</b> List each separate community served by the cable system. A "community FCC rules: "a separate and distinct community or municipal entity (including unity areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). Th of system identification hereafter known as the "first community." Please use it as the	corporated communitie e first community that	es within unincorp you list will serve	orated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile below the identified city or town.	home parks should be	e reported in parer	ntheses	
If all communities receive the same complement of television broadcast stations (i.e all communities with the channel line-up "A" in the appropriate column below or leav on a partially distant or partially permitted basis in the DSE Schedule, associate eac designated by a number (based on your reporting from Part 9).	e the column blank. If	you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-cor channel line-up designated by an alpha-letter(s) (based on your Space G reporting) (based on your reporting from Part 9 of the DSE Schedule) in the appropriate colum	and a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
LEBANON	ОН	AA		First
ALL OTHER COMMUNITIES IN OHIO EXCEPT AD BELOW	OH	AB		Community
INDIANA	IN	AB		
KENTUCKY	KY	AC		
FAIRBORN AND DAYTON AREA	ОН	AD		
				Cara in star 1
				See instructions for additional information
Whitewater Township (Franklin County)	IN1227	AB	1	on alphabetization.
Harrison Township (Dearborn County)	IN1229	AB	1	
Kelso Township (Dearborn County)	IN1223	AB	1	
Logan Township (Dearborn County)	IN1233	AB	1	Add rows as necessa
Miller Township (Dearborn County)	IN1235	AB	1	
Springfield Township (Franklin County)	IN1239	AB	1	
Lawrenceburg Township (Dearborn County)	IN1259	AB	1	
Hidden Valley Lake	IN1270	AB	1	
Greendale	IN1271	AB	1	
Aurora	IN1272	AB	1	
Lawrenceburg	IN1273	AB	1	
California	KY1273	AC	1	
Campbell County Fiscal Court	KY1274	AC	1	
Bellevue	KY1275	AC	1	
Alexandria	KY1276	AC	1	
Cold Spring	KY1277	AC	1	
Crestview	KY1278	AC	1	
Highland Heights	KY1279	AC	1	
Melbourne	KY1280	AC	1	
Mentor	KY1281	AC	2	
Silver Grove	KY1282	AC	1	
Southgate	KY1283	AC	1	
Wilder	KY1284	AC	1	
Woodlawn	KY1285	AC	1	
Florence	KY1286	AC	1	
Boone County Fiscal Court	KY1287	AC	1	
Covington	KY1288	AC	1	
Crestview Hills	KY1289	AC	. 1	
Edgewood	KY1200	AC	1	
Elsmere	KY1290	AC	1	
Fort Mitchell	KY1291	AC	1	
Fort Wright	KY1292	AC	1	
	KY1293	AC	1	
	NT1294	AC		1
Independence Lakeside Park	KY1295	AC	4	

Davk Hilla	KV(4207	10	-
Park Hills Taylor Mill	KY1297 KY1298	AC AC	1
Villa Hills	KY1299	AC	1
Kenton County Fiscal Court	KY1300	AC	1
Erlanger	KY1301	AC	1
Dayton	KY1302	AC	1
Union	KY1303	AC	1
Fort Thomas	KY1304	AC	1
Newport	KY1305	AC	1
Crescent Springs	KY1306	AC	1
Walton	KY1307	AC	2
Campbell County Cable Board Cccb	KY1308	AC	1
Telecommunications Board of Northern Kentucky Tbnk	KY1309	AC	1
Gallatin	KY1322	AC	2
Warsaw	KY1323	AC	2
Grant County	KY1327	AC	2
Williamstown	KY1328	AC	2
Corinth	KY1329	AC	5
Dry Ridge	KY1330	AC	2
Crittenden	KY1331	AC	2
Glencoe	KY1332	AC	2
Sparta	KY1333	AC	2
Pendleton County	KY1334	AC	2
Butler	KY1335	AC	2
Falmouth	KY1336	AC	2
Bromley	KY1337	AC	1
Fairview	KY1338	AC	1
Owenton	KY1354	AC	3
Owen County	KY1355	AC	2
Ryland Heights	KY1357	AC	1
Kenton Vale	KY1358	AC	1
Zion Station	KY1371	AC	2
Mason	KY1372	AC	2
Kensington	KY1373	AC	2
Heekin	KY1374	AC	2
Beavercreek City	OH3802	AD	1
Lebanon	OH2645	AA	1
Turtlecreek Township (Warren County)	OH2803	AB	1
Mason	OH2804	AB	1
Deerfield Township (Warren County)	OH2805	AB	1
Union Township (Warren County)	OH2806	AB	1
Cincinnati	OH2814	AB	1
Hamilton	OH2815	AB	1
Harrison	OH2816	AB	1
Amberly Village	OH2817	AB	1
Anderson Township (Hamilton County)	OH2818	AB	1
Arlington Heights	OH2819	AB	1
Blue Ash	OH2820	AB	1
Cheviot	OH2821	AB	1
West Chester Township (Butler County)	OH2822	AB	1
Colerain Township (Hamilton County)	OH2823	AB	1
Columbia Township (Hamilton County)	OH2824	AB	1
Crosby Township (Hamilton County)	OH2825	AB	1
Deer Park	OH2826	AB	1
Delhi Township (Hamilton County)	OH2827	AB	1
Elmwood Place	OH2828	AB	1
Evandale	OH2829	AB	1
Fairfax	OH2830	AB	1
Fairfield	OH2831	AB	1
Forest Park	OH2832	AB	1
Franklin	OH2833	AB	1
Glendale	OH2834	AB	1

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Green Hills	OH3128	AB	1
Addyston	OH3134	AB	1
North Bend	OH3135	AB	1
Stonelick Township (Clermont County)	OH3146	AB	1
Sethel	OH3147	AB	1
Clark Township (Brown County)	OH3148	AB	1
Clearcreek Township (Warren County)	OH3149	AB	1
Cleves	OH3150	AB	1
Milford Township (Butler County)	OH3151	AB	1
Monroe Township (Clermont County)	OH3153	AB	1
Morgan Township (Butler County)	OH3154	AB	1
Perry Township (Brown County)	OH3156	AB	1
Pike Township (Brown County)	OH3157	AB	1
Reily Township (Butler County)	OH3158	AB	1
St Clair Township (Butler County)	OH3159	AB	1
Tate Township (Clermont County)	OH3161	AB	1
Washington Township (Clermont County)	OH3162	AB	2
Washington Township (Clermont County) Williamsburg Township (Clermont County)	OH3162 OH3163	AB	- 1
Williamsburg	OH3163 OH3164	AB	1
Sterling Township (Brown County)	OH3165	AB	1
			1
Lemon Township (Butler County)	OH3166	AB	•
Jackson Township (Clermont County)	OH3167	AB	1
Harlan Township (Warren County)	OH3168	AB	1
Owensville	OH3186	AB	1
City of Monroe	OH3414	AB	1
Fairborn	OH3430	AD	1
Madison Township (Butler County)	OH3452	AB	1
	OH3453	AB	2
Somers Township (Preble County)	OH3474	AD	1
Riverside	OH3475	AD	1
Kettering	OH3508	AD	1
Kettering	OH3503	AD	1
Dakwood	OH3507	AD	1
Dayton	OH3505	AD	1
Miami Township (Montgomery County)	OH3509	AD	1
Moraine	OH3506	AD	1
Bath Township (Greene County)	OH3504	AD	1
Springboro	OH3773	AB	1
College Corner (Butler County)	OH3782	AB	4
College Corner (Preble County)	OH3776	AD	1
Camden	OH3775	AD	1
West Elkton	OH3774	AD	1
Wayne Township (Warren County)	OH3784	AB	4
Franklin Township (Warren County)	OH3801	AB	1
Beavercreek Township (Greene County)	OH3772	AD	1
Washington Township (Montgomery County)	OH3898	AD	1
Chester Township (Clinton County)	OH3903	AB	4
Morrow	OH3903 OH3940	AB	- 1
Harveysburg	OH3940 OH3943	AB	1
Corwin	OH3943 OH3944	AB	4
Vaynesville			4
	OH3945	AB	4
Massie Township (Warren County)	OH3946	AB	4
Spring Valley Township (Greene County)	OH3949	AD	1
Sugarcreek Township (Greene County)	OH3950	AD	1
Miami Township (Hamilton County)	OH3951	AB	1
Centerville (Greene County)	OH3968	AD	1
Centerville (Montgomery County)	OH3482	AD	1

Name	LEGAL NAME OF OWNER OF CABLE	SYSTEM:						;	SYST	em id
	CINCINNATI BELL EXTE		RITOF	RIES, LLC						6286
	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	IBERS AND R/	ATES					
E	In General: The information in s	pace E should	cover a	all categories of	fsecondar	y transmission	service of	the cable		
	system, that is, the retransmissi				• • •					
Secondary	about other services (including p						those exis	ting on the		
ransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetan	broken		
scribers and	down by categories of secondar									
Rates	each category by counting the n									
	separately for the particular serv							Ū		
	Rate: Give the standard rate of	-	-							
	unit in which it is generally billed				any standar	d rate variation	s within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable		
	systems most commonly provide			-		-				
	that applies to your system. Not									
	categories, that person or entity	should be coun	ted as	a subscriber in	each appl	icable category	. Example	a residential		
	subscriber who pays extra for ca					in the count ur	der "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					convice that are	different	rom these		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a									
	sufficient.	,								
	BL	OCK 1					BLO			
		NO. OF	- 20	DATE	CAT			NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	.85	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	F	RATE
	Service to first set	117	7,180	\$ 42.99						
	Service to additional set(s)		,180 859	\$ 42.99 \$ 5.00						
	• FM radio (if separate rate)		033	φ <u>5.00</u>						
	Motel, hotel		225	\$5-\$35						
	Commercial			\$9.99-194.99						
	Converter									
	Residential	257	7,660	\$ 8.99						
	Non-residential		5,446	\$ 8.99						
			<u> </u>							
	SERVICES OTHER THAN SEC		SMIS	SIONS: RATE						
	In General: Space F calls for ra	te (not subscrib	or) info		5					
-						l your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t	those services th	hat are	ormation with re e not offered in	espect to al combinatio	on with any seco	ondary trar	nsmission		
	not covered in space E, that is, t service for a single fee. There a	those services the two exception	hat are ns: you	ormation with re e not offered in do not need to	espect to al combinatio give rate i	on with any second nformation con	ondary trar cerning (1)	smission services		
Services	not covered in space E, that is, t service for a single fee. There an furnished at cost or (2) services	those services the two exception or facilities furn	hat are ns: you ished t	ormation with re e not offered in do not need to to nonsubscribe	espect to al combinatio give rate i ers. Rate in	on with any secon nformation con formation shou	ondary trar cerning (1) ld include	nsmission ) services both the		
Services Other Than	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur	those services the re two exception or facilities furning the time that is the the	hat are ns: you ished t	ormation with re e not offered in do not need to to nonsubscribe	espect to al combinatio give rate i ers. Rate in	on with any secon nformation con formation shou	ondary trar cerning (1) ld include	nsmission ) services both the		
Services Other Than Secondary	not covered in space E, that is, t service for a single fee. There an furnished at cost or (2) services	those services the re two exception or facilities furni hit in which it is to rate column.	hat are ns: you ished t usually	ormation with re e not offered in a do not need to to nonsubscribe / billed. If any ra	espect to al combinatio give rate i ers. Rate in ates are ch	on with any seco nformation con formation shou arged on a vari	ondary trar cerning (1) ld include able per-p	nsmission ) services both the		
Services Other Than Secondary	not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat <b>Block 2:</b> List any services that	those services the re two exception or facilities furninit in which it is rate column. te charged by the t your cable system	hat are ns: you ished to usually ne cable item fui	ormation with re o not offered in o do not need to to nonsubscribe / billed. If any ra le system for ea rnished or offer	espect to al combinatio o give rate i ers. Rate in ates are ch ach of the a red during t	on with any secon nformation con formation shou arged on a vari applicable servi- the accounting	ondary tran cerning (1 ld include able per-p ces listed. period that	nsmission ) services both the rogram basis, were not		
Services Other Than Secondary ansmissions:	not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a	those services the re two exception or facilities furninit in which it is rate column. te charged by the t your cable sys separate charged	hat are ns: you ished to usually ne cable tem fui e was r	ormation with re e not offered in do not need to to nonsubscribe / billed. If any ra le system for ea rnished or offer made or establi	espect to al combinatio o give rate i ers. Rate in ates are ch ach of the a red during t	on with any secon nformation con formation shou arged on a vari applicable servi- the accounting	ondary tran cerning (1 ld include able per-p ces listed. period that	nsmission ) services both the rogram basis, were not		
Services Other Than Secondary ansmissions:	not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat <b>Block 2:</b> List any services that	those services the re two exception or facilities furninit in which it is rate column. te charged by the t your cable sys separate charged	hat are ns: you ished to usually ne cable tem fui e was r	ormation with re e not offered in do not need to to nonsubscribe / billed. If any ra le system for ea rnished or offer made or establi	espect to al combinatio o give rate i ers. Rate in ates are ch ach of the a red during t	on with any secon nformation con formation shou arged on a vari applicable servi- the accounting	ondary tran cerning (1 ld include able per-p ces listed. period that	nsmission ) services both the rogram basis, were not		
Services Other Than Secondary ansmissions:	not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a	those services the re two exception or facilities furninit in which it is rate column. te charged by the t your cable sys separate charged	hat are ns: you ished to usually ne cable tem fun e was r e the ra	ormation with re e not offered in do not need to to nonsubscribe / billed. If any ra le system for ea rnished or offer made or establi	espect to al combinatio o give rate i ers. Rate in ates are ch ach of the a red during t	on with any secon nformation con formation shou arged on a vari applicable servi- the accounting	ondary tran cerning (1 ld include able per-p ces listed. period that	nsmission ) services both the rogram basis, were not		
Services Other Than Secondary ansmissions:	not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip	those services the re two exception or facilities furni- nit in which it is in rate column. te charged by the t your cable sys separate charged bition and include BLOC	hat are hs: you ished t usually he cable tem fur e was r e the ra	ormation with re e not offered in do not need to to nonsubscribe / billed. If any ra le system for ea rnished or offer made or establi	espect to al combination give rate in ers. Rate in ates are ch ach of the a red during t ished. List	on with any secon nformation con formation shou arged on a vari applicable servi- the accounting	ondary tran cerning (1 ld include able per-p ces listed. period that vices in th	nsmission o services both the rogram basis, were not e form of a		RATE
Services Other Than Secondary ansmissions:	not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services</b> :	those services the re two exception or facilities furninit in which it is rate column. te charged by the t your cable sys separate charged bition and included BLOC RATE	hat are hs: you ished t usually he cable tem fur e was r e the ra <u>CK 1</u> <u>CATEC</u>	ormation with re e not offered in do not need to to nonsubscribe / billed. If any ra le system for ea rnished or offer made or establi ate for each.	espect to al combination give rate i ers. Rate in ates are ch ach of the a red during t ished. List	on with any seconformation con formation shou arged on a vari applicable servi- the accounting these other ser	ondary tran cerning (1 ld include able per-p ces listed. period that vices in th	nsmission o services both the rogram basis, were not e form of a BLOCK 2		RATE
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Services Other Than Secondary ansmissions:	not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable—add'I channel	those services the re two exception or facilities furninit in which it is rate column. te charged by the t your cable sys separate charged bition and included BLOC RATE	hat are hat are ished t usually he cable tem fui e was r e the ra <u>CK 1</u> <u>CATEC</u> <b>Install</b> • Mo • Co	ormation with re e not offered in 6 do not need to to nonsubscribe / billed. If any ra e system for ea rnished or offer made or establi ate for each.	espect to al combination give rate i ers. Rate in ates are ch ach of the a red during t ished. List	on with any seconformation con formation shou arged on a vari applicable servi- the accounting these other ser	ondary tran cerning (1) Id include able per-p ces listed. beriod that vices in the CATEG Classic Preferre	nsmission o services both the rogram basis, were not e form of a BLOCK 2 ORY OF SERVIC	E F \$ \$	82.9 89.9
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CINCINNATI BE			ITORIES, LL	C	6286	1
PRIMARY TRANSMITTE						
	, , ,		( U		and low power television stations) d only on a part-time basis under	G
				. ,	ain network programs [sections	-
			v	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
substitute program bas Substitute Basis S				s carried by your o	able system on a substitute program	Television
basis under specific FC						
<ul> <li>Do not list the station station was carried</li> </ul>			it it in space I (th	ne Special Statem	ent and Program Log)—if the	
<ul> <li>List the station here, a basis. For further inf</li> </ul>	and also in spa formation conc	ice I, if the sta			tute basis and also on some other of the general instructions located	
in the paper SA3 for Column 1: List eacl		sign. Do not	report originatio	n program service	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams mus	t be reported in	column 1 (list eac	h stream separately; for example	
,	channel numb	per the FCC h	nas assigned to	the television stat	ion for broadcasting over-the-air in	
its community of licens on which your cable sys			annel 4 in Wash	hington, D.C. This	may be different from the channel	
, , ,			tation is a netwo	ork station, an inde	ependent station, or a noncommercial	
	-	,	, ,		ast), "I" (for independent), "I-M"	
For the meaning of the	<i></i>		· · ·	•	ommercial educational multicast). he paper SA3 form.	
Column 4: If the sta	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Ye	es". If not, enter "No". For an ex-	
planation of local servic Column 5: If you ha					e paper SA3 form. stating the basis on which your	
					tering "LAC" if your cable system	
carried the distant stati	on on a part-tir	ne basis bec		activated channel		
		multicast str				
For the retransmissi	ion of a distant				/ payment because it is the subject stem or an association representing	
For the retransmissi of a written agreement the cable system and a	ion of a distant entered into or primary transi	n or before Ju mitter or an a	une 30, 2009, be ssociation repre	etween a cable systematic systematic strains and the prima	stem or an association representing ry transmitter, enter the designa-	
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LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CINCINNATI BE		DED TERRI	TORIES, LLO	C	62861	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
					and low power television stations) d only on a part-time basis under	G
				( )	ain network programs [sections	
		, ,	-	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S				carried by your c	able system on a substitute program	Transmitters: Television
basis under specifc FC						
<ul> <li>Do not list the station station was carried of</li> </ul>			t it in space I (th	e Special Statem	ent and Program Log)—if the	
<ul> <li>List the station here, a</li> </ul>	and also in spa	ice I, if the sta			tute basis and also on some other of the general instructions located	
in the paper SA3 for	m.	-		,	-	
		-			es such as HBO, ESPN, etc. Identify ition. For example, report multi-	
					h stream separately; for example	
WETA-simulcast).	channel numh	er the ECC h	as assigned to t	the television stat	ion for broadcasting over-the-air in	
			-		may be different from the channel	
on which your cable sy			ation is a natura	rk station on inde	anondont station, or a noncommercial	
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
(for independent multic	ast), "E" (for no	oncommercia	l educational), o	r "E-M" (for nonco	ommercial educational multicast).	
For the meaning of the Column 4: If the sta		• • •	•		he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servic		• • •	•		• •	
			-	-	stating the basis on which your tering "LAC" if your cable system	
carried the distant stati	on on a part-tir	ne basis beca	ause of lack of a	ctivated channel	capacity.	
					y payment because it is the subject stem or an association representing	
the cable system and a	primary transm	mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-	
· · · /					ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the	location of ea	ch station. Fo	r U.S. stations,	list the communit	y to which the station is licensed by the	
FCC. For Mexican or C <b>Note:</b> If you are utilizing				-	which the station is identifed.	
					·	+
1 CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	+
1. CALL SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	````	(If Distant)		
WCPO 9.2	9.2	I	No		CINCINNATI, OH	
WCPO 9.3	9.3	I	No		CINCINNATI, OH	
WCPO 9.5	9.5	I	No		CINCINNATI, OH	
WCPO HD 9.6	9.6	I	No		CINCINNATI, OH	
WCVN 54	54	E	No		COVINGTON, KY	
WCVN 54.2	54.2	E	No		COVINGTON, KY	
WKRC CBS 12	12	N	No		CINCINNATI, OH	
WKRC CBS HD 12	12	N	No		CINCINNATI, OH	
WKRC CW 12.2	12.2	I	No		CINCINNATI, OH	
WKRC CW HD 12.	12.2	I	No		CINCINNATI, OH	
WKRC 12.3	12.3	I	No		CINCINNATI, OH	
WLWT NBC 5	5	N	No		CINCINNATI, OH	
WLWT NBC HD 5	5	N	No		CINCINNATI, OH	
WLWT 5.2	5.2	I	No		CINCINNATI, OH	
WSTR MY64	64	I	No		CINCINNATI, OH	
WSTR MY64 HD	64	I	No		CINCINNATI, OH	
WSTR 64.2	64.2	I	No		CINCINNATI, OH	
WXIX FOX 19	19	I	No		NEWPORT, KY	
		•				1

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTE	M ID#	
CINCINNATI BE			TORIES, LL	с		52861	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s	ystem during th	he accounting	period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under		G
v				•	ain network programs [sections and (2) certain stations carried on a		Primary
substitute program bas	sis, as explaine	d in the next	paragraph.				Transmitters:
basis under specifc FC				s carried by your o	cable system on a substitute program		Television
• Do not list the station	here in space	G—but do lis		e Special Statem	ent and Program Log)—if the		
	and also in spa formation conc	ace I, if the sta			tute basis and also on some other of the general instructions located		
Column 1: List eac	h station's call	-			es such as HBO, ESPN, etc. Identify		
					ation. For example, report multi- ch stream separately; for example		
WETA-simulcast).							
			-		tion for broadcasting over-the-air in may be different from the channel		
on which your cable sy	stem carried th	ne station.		0			
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
(for independent multic	cast), "E <sup>"</sup> (for no	oncommercia	l educational), c	or "E-M" (for nonc	ommercial educational multicast).		
For the meaning of the Column 4: If the sta			-		he paper SA3 form. es". If not, enter "No". For an ex-		
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in th	e paper SA3 form.		
-			-	-	stating the basis on which your tering "LAC" if your cable system		
carried the distant stati	ion on a part-tir	me basis beca	ause of lack of a	activated channel	capacity.		
					y payment because it is the subject stem or an association representing		
the cable system and a	a primary trans	mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-		
· · · /			•		ther basis, enter "O." For a further ed in the paper SA3 form.		
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the communit	y to which the station is licensed by the	e	
FCC. For Mexican or C Note: If you are utilizin					n which the station is identifed.		
		-	-		·		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
WXIX FOX HD 19.	19	I	No		NEWPORT, KY		
WXIX 19.2	19.2	<u> </u>	No		NEWPORT, KY		
WXIX 19.3	19.3	<u> </u>	No		NEWPORT, KY		
WXIX 19.4	19.4	I	No		NEWPORT, KY		
WPTD THINK TV 1	16	E	No		DAYTON, OH		
WPTO 14	14	E	No		OXFORD, OH		
WLWT 5.4	5.4	I	No		CINCINNATI, OH		
WLWT 5.5	5.5	I	No		CINCINNATI, OH		
					1		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN				_	SYSTEM	Name
CINCINNATI BE		DED TERRI	TORIES, LLO	с	628	61
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
					and low power television stations)	G
		-			d only on a part-time basis under	G
Ŭ				•	ain network programs [sections and (2) certain stations carried on a	Primary
substitute program bas		, ,	-	r(c)(z) and (+))], a		Transmitters:
				s carried by your c	able system on a substitute program	Television
<ul> <li>basis under specifc FC</li> <li>Do not list the station</li> </ul>	, 0	,		e Special Statem	ent and Program Log)—if the	
station was carried	•					
					tute basis and also on some other	
in the paper SA3 for		erning subsu		ns, see page (v) c	f the general instructions located	
Column 1: List eac	h station's call	-			s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
WETA-simulcast).				column r (list eac		
			0		ion for broadcasting over-the-air in	
its community of licens on which your cable sy		,	annel 4 in Wash	nington, D.C. This	may be different from the channel	
Column 3: Indicate	in each case w	whether the st			ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
(for independent multic	, ,		,	•	ommercial educational multicast). ne paper SA3 form.	
					es". If not, enter "No". For an ex-	
planation of local service					e paper SA3 form. stating the basis on which your	
			-	-	tering "LAC" if your cable system	
carried the distant stati	on on a part-tir	ne basis beca	ause of lack of a	activated channel	capacity.	
					/ payment because it is the subject stem or an association representing	
-				•	ry transmitter, enter the designa-	
· · /			•		her basis, enter "O." For a further	
					ed in the paper SA3 form. y to which the station is licensed by the	
					which the station is identifed.	
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AB		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION	. ,	(If Distant)		
WBQC 25.1	25.1	I	No		CINCINNATI, OH	
WBQC 25.10	25.10	I	No		CINCINNATI, OH	
WBQC 25.11	25.11		No		CINCINNATI, OH	
WBQC 25.12	25.12		No			
WBQC 25.2	25.2	<b>.</b>	No			
WBQC 25.3	25.3	<u> </u>	No		CINCINNATI, OH	
WBQC 25.4	25.4	I	No		CINCINNATI, OH	
WBQC 25.5	25.5	I	No		CINCINNATI, OH	
WBQC 25.6	25.6	I	No		CINCINNATI, OH	
WBQC 25.7	25.7	I	No		CINCINNATI, OH	
		-			1	
WBQC 25.8	25.8	 	No			
WBQC 25.9	25.9	<b>.</b>	No		CINCINNATI, OH	
WCET 48	48	E	No		CINCINNATI, OH	
WCET ARTS 48.3	48.3	E	No		CINCINNATI, OH	
WCET CREATE 48	48.2	E	No		CINCINNATI, OH	
WCET HD 48	48	Е	No		CINCINNATI, OH	
WCPO ABC 9.1	9.1	N	No		CINCINNATI, OH	
				•		
WCPO ABC HD 9.	9.1	N	No		CINCINNATI, OH	

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CINCINNATI BE		DED TERRI	TORIES, LLO	C	62861	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
					s and low power television stations) ed only on a part-time basis under	G
	, ,			( )	ain network programs [sections	
		, ,	-	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S	•			carried by your o	cable system on a substitute program	Transmitters: Television
basis under specifc FC				e Creesial Ctatara		
<ul> <li>Do not list the station station was carried</li> </ul>			t it in space i (th	e Special Statem	ent and Program Log)—if the	
					tute basis and also on some other of the general instructions located	
in the paper SA3 for Column 1: List each		sian Do not i	eport origination	n program service	es such as HBO, ESPN, etc. Identify	
each multicast stream	associated with	n a station ac	cording to its ov	er-the-air designa	ation. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list eac	h stream separately; for example	
,	channel numb	per the FCC h	as assigned to t	the television stat	ion for broadcasting over-the-air in	
-	•		annel 4 in Wash	ington, D.C. This	may be different from the channel	
	in each case v	whether the st			ependent station, or a noncommercial	
	-	•	, ,		ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the	se terms, see p	bage (v) of the	e general instruc	ctions located in t	he paper SA3 form.	
Column 4: If the sta planation of local servio					es". If not, enter "No". For an ex-	
		• • •	•		stating the basis on which your	
					tering "LAC" if your cable system	
carried the distant stati For the retransmiss					capacity. y payment because it is the subject	
-				•	stem or an association representing	
			•	• .	ry transmitter, enter the designa- ther basis, enter "O." For a further	
	-		-		ed in the paper SA3 form.	
					y to which the station is licensed by the n which the station is identifed.	
Note: If you are utilizing	g multiple char	inel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AB CONTINU	JED_1	]
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
WCPO 9.2	NUMBER 9.2	STATION	No	(If Distant)	CINCINNATI, OH	+
WCPO 9.2 WCPO 9.3	9.3		No		CINCINNATI, OH	
WCPO 9.5	9.5		No		CINCINNATI, OH	
WCPO 5.5						
	9.6		No	•		
WCVN 54	54	E	Yes	0		
WCVN 54.2	54.2	E	Yes	0		
WKRC CBS 12	12	N	No		CINCINNATI, OH	
WKRC CBS HD 12		N	No			
WKRC CW 12.2	12.2	I	No		CINCINNATI, OH	
WKRC CW HD 12.	12.2	I	No		CINCINNATI, OH	
WKRC 12.3	12.3	I	No		CINCINNATI, OH	
WLWT NBC 5	5	N	No		CINCINNATI, OH	
WLWT NBC HD 5	5	N	No		CINCINNATI, OH	
WLWT 5.2	5.2	I	No		CINCINNATI, OH	
WSTR MY64	64	I	No		CINCINNATI, OH	
WSTR MY64 HD	64	I	No		CINCINNATI, OH	
WSTR 64.2	64.2	I	No		CINCINNATI, OH	
WXIX FOX 19	19	I	No		NEWPORT, KY	
		•		1		1

LEGAL NAME OF OWN						
				_	SYSTEM ID#	Name
CINCINNATI BE		DED TERR	TORIES, LLO	C	62861	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, a basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se explanation of these th	G, identify every ystem during th ons in effect or .61(e)(2) and (- sis, as explaine <b>itations:</b> With n CC rules, regula here in space only on a subs and also in spa formation conc rm. h station's call associated with -2". Simulcast e channel numb e. For example stem carried th in each case w entering the le cast), "E" (for no se terms, see p ave entered "Yd ne distant static ion on a part-tir ion of a distant entered into or a primary transis simulcasts, also ree categories	v television st ne accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta erning substi sign. Do not the n a station ac streams musi ber the FCC h a, WRC is Ch the station. whether the si titer "N" (for n poncommercia page (v) of the local sen age (v) of the me basis beca multicast stren n or before Ju mitter or an a ponter "E". If , see page (v)	period, except 81, permitting th eferring to 76.6 paragraph. / distant stations: torizations: t it in space I (th ation was carried tute basis statio report origination coording to its ow t be reported in tas assigned to annel 4 in Wash ation is a network), "N-M" ( I educational), c e general instruct 4, you must cor accounting perior ause of lack of a sam that is not s ine 30, 2009, be ssociation repre you carried the o f the general	(1) stations carrie e carriage of cert 1(e)(2) and (4))]; a s carried by your of e Special Statem d both on a substi- ns, see page (v) of n program service rer-the-air designa column 1 (list eac the television stat- nington, D.C. This ork station, an indu- for network multio or "E-M" (for nonco- ctions located in th mplete column 5, od. Indicate by en activated channel subject to a royalt seven a cable sy senting the prima channel on any o instructions located	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
FCC. For Mexican or C	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.	
Note: If you are utilizin	g multiple char	• •	•	•		
	1	CHANN	EL LINE-UP	AB CONTINU	JED_2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF		+
	NUMBER	STATION	· /	CARRIAGE (If Distant)	6. LOCATION OF STATION	
WXIX FOX HD 19.	19	STATION	· /		6. LOCATION OF STATION	-
WXIX FOX HD 19. WXIX 19.2			· · ·			
	19	I	No		NEWPORT, KY	
WXIX 19.2	19 19.2	I	No No		NEWPORT, KY NEWPORT, KY	
WXIX 19.2 WXIX 19.3	19 19.2 19.3	I	No No No		NEWPORT, KY NEWPORT, KY NEWPORT, KY	· ·
WXIX 19.2 WXIX 19.3 WXIX 19.4	19 19.2 19.3 19.4	   	No No No No	(If Distant)	NEWPORT, KY NEWPORT, KY NEWPORT, KY NEWPORT, KY	
WXIX 19.2 WXIX 19.3 WXIX 19.4 WPTD THINK TV 1	19 19.2 19.3 19.4 16	I I I E	No No No Yes	(If Distant)	NEWPORT, KY NEWPORT, KY NEWPORT, KY NEWPORT, KY DAYTON, OH	· · · · · · · · · · · · · · · · · · ·
WXIX 19.2 WXIX 19.3 WXIX 19.4 WPTD THINK TV 1 WPTO 14	19 19.2 19.3 19.4 16 14	I I I E E	No No No No Yes No	(If Distant)	NEWPORT, KY NEWPORT, KY NEWPORT, KY NEWPORT, KY DAYTON, OH OXFORD, OH	
WXIX 19.2 WXIX 19.3 WXIX 19.4 WPTD THINK TV 1 WPTO 14 WLWT 5.4	19 19.2 19.3 19.4 16 14 5.4	               	No No No Yes No No	(If Distant)	NEWPORT, KY NEWPORT, KY NEWPORT, KY NEWPORT, KY DAYTON, OH OXFORD, OH CINCINNATI, OH	
WXIX 19.2 WXIX 19.3 WXIX 19.4 WPTD THINK TV 1 WPTO 14 WLWT 5.4	19 19.2 19.3 19.4 16 14 5.4	               	No No No Yes No No	(If Distant)	NEWPORT, KY NEWPORT, KY NEWPORT, KY NEWPORT, KY DAYTON, OH OXFORD, OH CINCINNATI, OH	
WXIX 19.2 WXIX 19.3 WXIX 19.4 WPTD THINK TV 1 WPTO 14 WLWT 5.4	19 19.2 19.3 19.4 16 14 5.4	               	No No No Yes No No	(If Distant)	NEWPORT, KY NEWPORT, KY NEWPORT, KY NEWPORT, KY DAYTON, OH OXFORD, OH CINCINNATI, OH	
WXIX 19.2 WXIX 19.3 WXIX 19.4 WPTD THINK TV 1 WPTO 14 WLWT 5.4	19 19.2 19.3 19.4 16 14 5.4	               	No No No Yes No No	(If Distant)	NEWPORT, KY NEWPORT, KY NEWPORT, KY NEWPORT, KY DAYTON, OH OXFORD, OH CINCINNATI, OH	
WXIX 19.2 WXIX 19.3 WXIX 19.4 WPTD THINK TV 1 WPTO 14 WLWT 5.4	19 19.2 19.3 19.4 16 14 5.4	               	No No No Yes No No	(If Distant)	NEWPORT, KY NEWPORT, KY NEWPORT, KY NEWPORT, KY DAYTON, OH OXFORD, OH CINCINNATI, OH	
WXIX 19.2 WXIX 19.3 WXIX 19.4 WPTD THINK TV 1 WPTO 14 WLWT 5.4	19 19.2 19.3 19.4 16 14 5.4	               	No No No Yes No No	(If Distant)	NEWPORT, KY NEWPORT, KY NEWPORT, KY NEWPORT, KY DAYTON, OH OXFORD, OH CINCINNATI, OH	
WXIX 19.2 WXIX 19.3 WXIX 19.4 WPTD THINK TV 1 WPTO 14 WLWT 5.4	19 19.2 19.3 19.4 16 14 5.4	               	No No No Yes No No	(If Distant)	NEWPORT, KY NEWPORT, KY NEWPORT, KY NEWPORT, KY DAYTON, OH OXFORD, OH CINCINNATI, OH	
WXIX 19.2 WXIX 19.3 WXIX 19.4 WPTD THINK TV 1 WPTO 14 WLWT 5.4	19 19.2 19.3 19.4 16 14 5.4	               	No No No Yes No No	(If Distant)	NEWPORT, KY NEWPORT, KY NEWPORT, KY NEWPORT, KY DAYTON, OH OXFORD, OH CINCINNATI, OH	
WXIX 19.2 WXIX 19.3 WXIX 19.4 WPTD THINK TV 1 WPTO 14 WLWT 5.4	19 19.2 19.3 19.4 16 14 5.4	               	No No No Yes No No	(If Distant)	NEWPORT, KY NEWPORT, KY NEWPORT, KY NEWPORT, KY DAYTON, OH OXFORD, OH CINCINNATI, OH	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN				_	SYSTEM ID#	Name
CINCINNATI BE		DED TERRI	TORIES, LLO	C	62861	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
			· ·		and low power television stations)	G
		-		. ,	d only on a part-time basis under	G
•				•	ain network programs [sections and (2) certain stations carried on a	Primary
substitute program bas		, ,	-	(0)(2) and (1))], c		Transmitters:
				s carried by your o	able system on a substitute program	Television
<ul> <li>basis under specifc FC</li> <li>Do not list the station</li> </ul>	, 0	,		e Special Statem	ent and Program Log)—if the	
station was carried	•		1 (	·	5 5,	
					tute basis and also on some other of the general instructions located	
in the paper SA3 for		erning subsu		ns, see page (v) c	ine general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
WETA-simulcast).	E : Officioust				n on oann ooparatoly, for oxampio	
			0		ion for broadcasting over-the-air in	
on which your cable sy		,	annei 4 in Wash	ington, D.C. This	may be different from the channel	
Column 3: Indicate	in each case w	whether the st			ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the	se terms, see j	page (v) of the	e general instruc	ctions located in t	he paper SA3 form.	
Column 4: If the sta	ation is outside	the local serv	vice area, (i.e. "o	distant"), enter "Ye	es". If not, enter "No". For an ex-	
planation of local service Column 5: If you ha					e paper SA3 form. stating the basis on which your	
-			-	-	tering "LAC" if your cable system	
carried the distant stati	•					
					/ payment because it is the subject stem or an association representing	
the cable system and a	a primary transi	mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-	
· · · /					ther basis, enter "O." For a further ed in the paper SA3 form.	
					y to which the station is licensed by the	
					which the station is identifed.	
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	_
		CHANN	EL LINE-UP	AC		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		-
WBQC 25.1	25.1	I	No		CINCINNATI, OH	
WBQC 25.10	25.10	I	No		CINCINNATI, OH	
WBQC 25.11	25.11	I	No		CINCINNATI, OH	
WBQC 25.12	25.12	I	No		CINCINNATI, OH	
WBQC 25.2	25.2	· · · · · · · · · · · · · · · · · · ·	No			
••••••					CINCINNATI, OH	
WBQC 25.3	25.3	 -	No		CINCINNATI, OH	
WBQC 25.4	25.4	I	No		CINCINNATI, OH	
WBQC 25.5	25.5	<u> </u>	No		CINCINNATI, OH	
WBQC 25.6	25.6	I	No		CINCINNATI, OH	
WBQC 25.7	25.7	I	No		CINCINNATI, OH	
WBQC 25.8	25.8	I	No		CINCINNATI, OH	
WBQC 25.9	25.9	 I	No		CINCINNATI, OH	.
				~		
WCET 48	48	E	Yes	0		
WCET ARTS 48.3	48.3	E	Yes	0	CINCINNATI, OH	
WCET CREATE 48	48.2	E	Yes	0	CINCINNATI, OH	
WCET HD 48	48	E	Yes	Е	CINCINNATI, OH	
WCPO ABC 9.1	9.1	N	No		CINCINNATI, OH	
WCPO ABC HD 9.	9.1	N	No		CINCINNATI, OH	
				1	· · · · · · · · · · · · · · · · · · ·	1

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CINCINNATI BE		DED TERRI	TORIES, LLO	3	62861	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
					s and low power television stations)	G
	, ,	•	• • •	( )	ed only on a part-time basis under ain network programs [sections	G
0		,	, <b>I</b> U	0	and (2) certain stations carried on a	Primary
substitute program bas	sis, as explaine	d in the next	paragraph.			Transmitters:
Substitute Basis S basis under specifc FC				s carried by your o	cable system on a substitute program	Television
				e Special Statem	ent and Program Log)—if the	
station was carried	•				tute basis and also an association	
	formation conc				tute basis and also on some other of the general instructions located	
		sign. Do not r	eport originatior	n program service	es such as HBO, ESPN, etc. Identify	
					ation. For example, report multi-	
WETA-simulcast).	-z . Simulcast:	streams must	be reported in t	column i (list eac	h stream separately; for example	
Column 2: Give the			•		ion for broadcasting over-the-air in	
its community of licens on which your cable sy			annel 4 in Wash	ington, D.C. This	may be different from the channel	
			ation is a netwo	rk station, an inde	ependent station, or a noncommercial	
	-	•	, ,		ast), "I" (for independent), "I-M"	
(for independent multic For the meaning of the	· · ·		<i>,</i> ·	•	ommercial educational multicast). he paper SA3 form.	
•		• • •	0		es". If not, enter "No". For an ex-	
planation of local servi		• • •	•			
			•	-	stating the basis on which your tering "LAC" if your cable system	
carried the distant stati						
					y payment because it is the subject stem or an association representing	
-				•	ry transmitter, enter the designa-	
· · · /			•		ther basis, enter "O." For a further	
	-		-		ed in the paper SA3 form. y to which the station is licensed by the	
					which the station is identifed.	
Note: If you are utilizin	g multiple chan	inel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP		JED_1	-
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		-
WCPO 9.2	9.2	. I	No		CINCINNATI, OH	
WCPO 9.3	9.3		No		CINCINNATI, OH	
WCPO 9.5	9.5	I	No			
WCPO HD 9.6	9.6		NL -		CINCINNATI, OH	
WCVN 54		••••••	No		CINCINNATI, OH CINCINNATI, OH	
	54	Ē	NO Yes	0		
WCVN 54.2	54 54.2	E		0 0	CINCINNATI, OH	
			Yes		CINCINNATI, OH COVINGTON, KY	
WCVN 54.2 WKRC CBS 12	54.2 12	E N	Yes Yes No		CINCINNATI, OH COVINGTON, KY COVINGTON, KY CINCINNATI, OH	
WCVN 54.2 WKRC CBS 12 WKRC CBS HD 12	54.2 12 12	E N N	Yes Yes No No		CINCINNATI, OH COVINGTON, KY COVINGTON, KY CINCINNATI, OH CINCINNATI, OH	
WCVN 54.2 WKRC CBS 12 WKRC CBS HD 12 WKRC CW 12.2	54.2 12 12 12.2	E N	Yes Yes No No No		CINCINNATI, OH COVINGTON, KY COVINGTON, KY CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH	
WCVN 54.2 WKRC CBS 12 WKRC CBS HD 12 WKRC CW 12.2 WKRC CW HD 12	54.2 12 12 12.2 12.2 12.2	E N N I	Yes Yes No No No		CINCINNATI, OH COVINGTON, KY COVINGTON, KY CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH	
WCVN 54.2 WKRC CBS 12 WKRC CBS HD 12 WKRC CW 12.2 WKRC CW HD 12. WKRC 12.3	54.2 12 12 12.2 12.2 12.2 12.3	E N I I I	Yes Yes No No No		CINCINNATI, OH COVINGTON, KY COVINGTON, KY CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH	
WCVN 54.2 WKRC CBS 12 WKRC CBS HD 12 WKRC CW 12.2 WKRC CW HD 12	54.2 12 12 12.2 12.2 12.2	E N N I	Yes Yes No No No		CINCINNATI, OH COVINGTON, KY COVINGTON, KY CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH	
WCVN 54.2 WKRC CBS 12 WKRC CBS HD 12 WKRC CW 12.2 WKRC CW HD 12. WKRC 12.3	54.2 12 12 12.2 12.2 12.2 12.3	E N I I I	Yes Yes No No No No		CINCINNATI, OH COVINGTON, KY COVINGTON, KY CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH	
WCVN 54.2 WKRC CBS 12 WKRC CBS HD 12 WKRC CW 12.2 WKRC CW HD 12. WKRC 12.3 WLWT NBC 5	54.2 12 12 12.2 12.2 12.2 12.3 5	E N I I N	Yes Yes No No No No No		CINCINNATI, OH COVINGTON, KY COVINGTON, KY CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH	
WCVN 54.2 WKRC CBS 12 WKRC CBS HD 12 WKRC CW 12.2 WKRC CW HD 12. WKRC 12.3 WLWT NBC 5 WLWT NBC HD 5	54.2 12 12 12.2 12.2 12.2 12.3 5 5	E N I I N	Yes Yes No No No No No No		CINCINNATI, OH COVINGTON, KY COVINGTON, KY CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH	
WCVN 54.2 WKRC CBS 12 WKRC CBS HD 12 WKRC CW 12.2 WKRC CW HD 12. WKRC 12.3 WLWT NBC 5 WLWT NBC HD 5 WLWT 5.2 WSTR MY64	54.2 12 12 12.2 12.2 12.3 5 5 5 5 5.2 64	E N I I N	Yes Yes No No No No No No No		CINCINNATI, OH COVINGTON, KY COVINGTON, KY CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH	
WCVN 54.2 WKRC CBS 12 WKRC CBS HD 12 WKRC CW 12.2 WKRC CW HD 12. WKRC 12.3 WLWT NBC 5 WLWT NBC HD 5 WLWT 5.2 WSTR MY64 WSTR MY64 HD	54.2 12 12 12.2 12.2 12.3 5 5 5 5 5 5 64 64 64	E N I I N	Yes Yes No No No No No No No No		CINCINNATI, OH COVINGTON, KY COVINGTON, KY CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH	
WCVN 54.2 WKRC CBS 12 WKRC CBS HD 12 WKRC CW 12.2 WKRC CW HD 12. WKRC 12.3 WLWT NBC 5 WLWT NBC HD 5 WLWT 5.2 WSTR MY64	54.2 12 12 12.2 12.2 12.3 5 5 5 5 5.2 64	E N I I N	Yes Yes No No No No No No No		CINCINNATI, OH COVINGTON, KY COVINGTON, KY CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH CINCINNATI, OH	

carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis <b>Substitute Basis Sta</b> basis under specifc FCC • Do not list the station he station was carried on • List the station here, an	L EXTEND S: TELEVISIO identify every stem during th ns in effect on 1(e)(2) and (4 a, as explained titions: With r	N v television state the accounting the June 24, 196 4), or 76.63 (r d in the next p	ation (including period, except 31, permitting th eferring to 76.6	translator stations (1) stations carrie ne carriage of cert	SYSTEM ID# 62861 s and low power television stations) ed only on a part-time basis under tain network programs [sections	Name G
PRIMARY TRANSMITTERS In General: In space G, i carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis Substitute Basis Sta basis under specifc FCC • Do not list the station he station was carried on • List the station here, an	S: TELEVISIO identify every stem during th ns in effect on 1(e)(2) and (2 , as explained titions: With r	N v television sta ne accounting n June 24, 194 4), or 76.63 (r d in the next p	ation (including period, except 31, permitting th eferring to 76.6	translator stations (1) stations carrie ne carriage of cert	s and low power television stations) ed only on a part-time basis under	
In General: In space G, i carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis Substitute Basis Sta basis under specifc FCC • Do not list the station hustation was carried on • List the station here, an	identify every stem during th ns in effect on 1(e)(2) and (2 a, as explained itions: With r	v television sta ne accounting n June 24, 19a 4), or 76.63 (r d in the next p	period, except 31, permitting th eferring to 76.6	(1) stations carrie ne carriage of cert	ed only on a part-time basis under	G
carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis <b>Substitute Basis Sta</b> basis under specifc FCC • Do not list the station he station was carried on • List the station here, an	stem during these stem during these steps of the steps of	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except 31, permitting th eferring to 76.6	(1) stations carrie ne carriage of cert	ed only on a part-time basis under	G
in the paper SA3 form Column 1: List each as each multicast stream as cast stream as "WETA-2 WETA-simulcast). Column 2: Give the c its community of license. on which your cable syste Column 3: Indicate in educational station, by er (for independent multicas For the meaning of these Column 4: If the static planation of local service Column 5: If you have cable system carried the carried the distant station For the retransmission of a written agreement er the cable system and a p tion "E" (exempt). For sin explanation of these thre	ere in space of hy on a subst and also in spa rmation concer- station's call s sociated with ". Simulcast s channel numb For example em carried th n each case w intering the lef st), "E" (for no e terms, see p on is outside a area, see pa e entered "Ye distant statio n on a part-tim n of a distant ntered into or primary transr nulcasts, also	tions, or auth G—but do list titute basis. Ince I, if the sta erning substit sign. Do not r n a station acc streams must ber the FCC h a, WRC is Cha the station. whether the st tter "N" (for ne base (v) of the tage (v) of the basis beca multicast stream or before Ju mitter or an as be enter "E". If see page (v)	r distant stations orizations: ti ti in space I (th tition was carried ute basis station report origination cording to its ov be reported in ( as assigned to 1 annel 4 in Wash ation is a netwo etwork), "N-M" (fi educational), o e general instruct A, you must cor accounting periot ause of lack of a seam that is not s ne 30, 2009, be ssociation repre you carried the general i	s carried by your of the Special Statem d both on a substi- ns, see page (v) of n program service er-the-air designa column 1 (list eac the television stat hington, D.C. This with station, an inde- for network multico or "E-M" (for nonco- ctions located in the mplete column 5, od. Indicate by en activated channel subject to a royalty tween a cable sy- senting the prima channel on any of instructions located	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	Primary Transmitters: Television
Column 6: Give the lo	ocation of eac	ch station. Fo	r U.S. stations,	list the communit	y to which the station is licensed by the	
Note: If you are utilizing					n which the station is identifed. channel line-up.	
	•		•		•	
1. CALL 2 SIGN	. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WXIX FOX HD 19.	19	I	No		NEWPORT, KY	
WXIX 19.2	19.2	I	No		NEWPORT, KY	
WXIX 19.3	19.3	I	No		NEWPORT, KY	
WXIX 19.4	19.4	I	No		NEWPORT, KY	
WPTD THINK TV 1	16	Е	Yes	0	DAYTON, OH	
WPTO 14	14	Е	No		OXFORD, OH	
WLWT 5.4	5.4	I	No		CINCINNATI, OH	
WLWT 5.5	5.5	I	No		CINCINNATI, OH	
				·	•••	

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
CINCINNATI BE		DED TERR	TORIES, LL	C	62861	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during th ons in effect or .61(e)(2) and (4 sis, as explaine	ne accounting n June 24, 19 4), or 76.63 (r d in the next	period, except 81, permitting th eferring to 76.6 paragraph.	(1) stations carrie ne carriage of cert 1(e)(2) and (4))]; a	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television
<ul> <li>basis under specifc FC</li> <li>Do not list the station station was carried</li> <li>List the station here, a basis. For further in in the paper SA3 for Column 1: List eact each multicast stream cast stream as "WETA WETA-simulcast).</li> <li>Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the stat planation of local servit Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the</li> </ul>	C rules, regula here in space only on a subsi- and also in spa- formation conc rm. h station's call associated with -2". Simulcast e channel numb e. For example stem carried th in each case v entering the le cast), "E" (for no se terms, see p ato entered "Yd ne distant statio on on a part-tir ion of a distant entered into or a primary transis simulcasts, also ree categories, a location of ea canadian statio	tions, or auth G—but do lis titute basis. Ince I, if the sta erning substi- sign. Do not if a station ac streams musi- ber the FCC h a, WRC is Ch te station. whether the si tter "N" (for n phocommercia bage (v) of the local ser- age (v) of the the local ser- age (v) of the multicast stream or before Ju- multicast stream or before Ju- multer or an a phocenter "E". If see page (v) ch station. For ns, if any, giv	t it in space I (th ation was carried tute basis statio report origination cording to its ov t be reported in has assigned to annel 4 in Wash tation is a netwo etwork), "N-M" ( I educational), c e general instruct 4, you must cor accounting peria ause of lack of ause of lack of sociation repre you carried the ) of the general or U.S. stations, e the name of th	he Special Statem d both on a substi- ns, see page (v) of rer-the-air designa column 1 (list eac the television stat- nington, D.C. This ork station, an indu- for network multicor "E-M" (for nonco- ctions located in t distant"), enter "Y distant"), enter "Y distant", enter "Y distant", enter "Y distant", enter "Y distant of a royalt subject to	thent and Program Log)—if the itute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi- sh stream separately; for example tion for broadcasting over-the-air in a may be different from the channel ependent station, or a noncommercial exast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ttering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing iry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
	5 1	• •	EL LINE-UP		· · · · · · · · · · · · · · · · · · ·	+
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	
WPTD THINK TV 1	16	E	No		DAYTON, OH	
WPTO 14	14	E	No		OXFORD, OH	
WDTN 2.1	2.1	N	No		DAYTON, OH	
WDTN 2.2	2.2	I	No		DAYTON, OH	
WHIO DAYTON 7.	7.1	N	No		DAYTON, OH	
WHIO DAYTON 7.	7.2	I	No		DAYTON, OH	
WHIO DAYTON 7.	7.3	I	No		DAYTON, OH	
WKEF DAYTON 22	22	I	No		DAYTON, OH	
WKEF DAYTON H	22	I	No		DAYTON, OH	
WKEF DAYTON 2	22.2	I	No		DAYTON, OH	
WKEF DAYTON H	22.2	I	No		DAYTON, OH	
WKEF DAYTON 22	22.3	<u> </u>	No		DAYTON, OH	
WKEF DAYTON H	22.3	<u> </u>	No		DAYTON, OH	
WKOI 43	43	<u> </u>	No		DAYTON, OH	
WRGT DAYTON 4	45.1	<u> </u>	No		DAYTON, OH	

Check Number         Control         Contro         Control         Control	LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
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 SPC (2) uses and (1) 20 and (4), 76.61 (e) (2) and (4), or 76.63 (referring to 76.61 (e) (2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.       Primary Tansmitters: Tansmitters: Talswitter program basis and response of the station here, and also in space (-) that be station see arried by your cable system on a substitute program basis.       Primary Tansmitters: Talswitters: Talswitters talswitter program basis and also on some other station was carried only on a substitute basis stations; see page (v) of the general instructions located in the paper SA form.       Colum 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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, were the C is cass whether the station is a network station, an independent station, or a noncommercial educational multicast). For on example, report multicast, C for on commercial educational multicast). For on example, report multicast, C for on commercial educational multicast). For on example, report multicast, C for on commercial educational multicast). To for independent station, or a noncommercial educational multicast). For on example, report multicast, C for on commercial educational multicast). To for meachy a stating the basis cavice area, i.e. (-insta	CINCINNATI BE		DED TERRI	TORIES, LLO	C	62861	Name
carried by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under       C         FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 75, 53(q)(2) and (4), 76, 61(q)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.         Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis. With respect to any distant stations carried by your cable system on substitute program basis and end on a substitute basis.         10 on cli is the station here, and also in space [, if the station was carried by our cable system 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 swits 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 the channel on which your cable system carried the station.       Core meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.         Column 3: If you have entered 'Yee' in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate), react stream mass to a resplay transmitter, enter the designation of local service area, see page (v) of t	PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.58](4)(2) and (4), or 76.63 (referring to 76.51(e)(2) and (4)); and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.         * Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—If the station was carried only on a substitute basis.       * Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—If the station was carried only on a substitute basis.         • List the station here, and also in space 1, if the station was carried both on a substitute basis and regulated with a station according to its over-the-air cale signation. For example, report multi-cast 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 tis community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.         Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational), or "E-M" (for noncommercial educational multicast).       To for independent).         Column 4: If the station is a page (V) of the general instructions located in the paper SA3 form.       Column 4: If the station is a network station, an independent station, or a nocommercial educational), or "E-M" (for noncommercial education a) which your cable system carried the di				· ·		. ,	G
substitute program basis, as explained in the next paragraph.       Transmitters:         Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:       • To not list the station here in space G —but do list it in space 1 (the Special Statement and Program Log)—If the station was carried only on a substitute basis.       • Teamsmitters:         • Use the station was carried only on a substitute basis.       • Second the seco			-			• •	Ŭ
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:         Television           Do not list the station here, and also in space (I the Special Statement and Program Log)—If the station was carried only on a substitute basis.         It is space (I the Special Statement and Program Log)—If the station was carried only on a substitute basis.         It is 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, I 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 multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).           Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.         Notice the channel multicast).           Column 3: Infloctain in each case whether the station is a network station, an independent station, or a noxommercial educational station, by entering the letter "N" (for network). "N-M" (for network multicast). "I' (for independent). "I-M" (for independent multicast). Te' (fo	76.59(d)(2) and (4), 76	6.61(e)(2) and (	4), or 76.63 (r	eferring to 76.6	0		•
basis under specific FCC rules, regulations, or authorizations:         • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried both on a substitute basis.         • List the station here, and also in space I, if the station was carried both 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 associated with a station according to the vert-air designation. For example, report multicast, Stream as "WETA-2". Simulcast stream sascial to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.         Column 2: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 'N' (for network multicast). ''' (for independent), ''-IA''' (for independent 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 for				<b>U</b> .	s carried by your ca	able system on a substitute program	
station was carried only on a substitute basis.         • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.         Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as wETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.         Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). "F" (for noncommercial educational multicast). "F" (for noncommercial educational multicast). To entwork), "N-M" (for network multicast). To, enter "No". For an explanation ol local service area, see page (v) of the general instructions located in the paper SA3 form.         Column 4: If the station station thuring the accounting period. Indicate by entering "LAC" if you cable system carried the distant station during the accounting period. Indicate by esthering 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 and period multing the accounting period. Indicate by esthering "LAC" if your cable s	basis under specifc F0	CC rules, regula	ations, or auth	orizations:			
• 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 services. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). • Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. • Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational with egneral instructions located in the paper SA3 form. • Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. • Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. • For the retramsmission of a distant multicast, say out that is not subject to a royatly payment because it is the subject of a written agreement entered "Inter" T." (You carried the channel capacity. • For the retramsmission of a distant multicast, say out that is not subject to a royatly payment because it is the subject of a written agreeme				t it in space I (th	e Special Stateme	nt and Program Log)—if the	
in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), 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 ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on 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 designa- tion "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.		,		ation was carried	d both on a substit	ute basis and also on some other	
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each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on a 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 designa- tion "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. F			sign. Do not r	eport origination	n program services	s such as HBO, ESPN, etc. Identify	
WETA-simulcast).       Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.         Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "T" (for independent, "I-M" (for independent), "I-M" (for ind			-	•		-	
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in         its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel         on which your cable system carried the station.         Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial         educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"         (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).         For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.         Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.         Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your         cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system         carried the distant station on a part-time basis because of lack of activated channel capacity.         For the retransmission of a distant multicast stream that is not subject to a royally 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 a		A-2". Simulcast	streams must	be reported in	column 1 (list each	stream separately; for example	
on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "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 with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. 1. CALL SIGN 2. B'CAST CHANNEL LINE-UP AE 1. CALL 2. B'CAST CHANNEL OF 0F 0F 0F 0F 0F 0F 0F	,	e channel numb	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in	
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).         For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.         Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.         Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.         For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.         Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.         Note: If you are utilizing multiple channel ine-ups, use a separate space G for each channel l	-			annel 4 in Wash	nington, D.C. This	may be different from the channel	
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).         For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.         Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.         Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.         For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the 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 identifed.         Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.         Clumn 6: Give the location of each station. For U.S. stations, list the community with which the station is identifed.         Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.				ation is a netwo	ork station, an inde	pendent station, or a noncommercial	
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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. <b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. <b>CHANNEL LINE-UP AE</b> 1. CALL         2. B'CAST         3. TYPE         4. DISTANT?         5. BASIS OF         6. LOCATION OF STATION           SIGN         0F         (Yes or No)         CARRIAGE         6. LOCATION OF STATION	carried the distant stat	ion on a part-tir	ne basis beca	ause of lack of a	activated channel o	apacity.	
the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "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. <b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. <b>CHANNEL LINE-UP AE</b> 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF CARRIAGE 6. LOCATION OF STATION							
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CHANNEL LINE-UP     AE       1. CALL     2. B'CAST     3. TYPE     4. DISTANT?     5. BASIS OF     6. LOCATION OF STATION       SIGN     OF     (Yes or No)     CARRIAGE     6. LOCATION OF STATION							
1. CALL     2. B'CAST     3. TYPE     4. DISTANT?     5. BASIS OF     6. LOCATION OF STATION       SIGN     CHANNEL     OF     (Yes or No)     CARRIAGE     6. LOCATION OF STATION				•	•		
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76.59(d)(2) and (4), 76	6.61(e)(2) and (4	4), or 76.63 (r	eferring to 76.6	•	nd (2) certain stations carried on a	Primary
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			t it in space I (th	e Special Stateme	ent and Program Log)—if the	
<ul><li>station was carried</li><li>List the station here,</li></ul>	,		ation was carried	d both on a substit	ute basis and also on some other	
basis. For further in	formation conc				f the general instructions located	
in the paper SA3 for Column 1: List eac		sian. Do not r	report origination	n program service:	s such as HBO, ESPN, etc. Identify	
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cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	t be reported in	column 1 (list each	n stream separately; for example	
,	e channel numb	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in	
,			annel 4 in Wash	nington, D.C. This	may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	ork station. an inde	pendent station, or a noncommercial	
educational station, by	entering the le	tter "N" (for ne	etwork), "N-M" (	for network multica	ast), "I" (for independent), "I-M"	
(for independent multien For the meaning of the					mmercial educational multicast). Je paper SA3 form	
					e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local servi						
			•	-	tating the basis on which your ering "LAC" if your cable system	
carried the distant stat		-		-		
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					tem or an association representing y transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any otl	ner basis, enter "O." For a further	
· ·	•		•		d in the paper SA3 form. to which the station is licensed by the	
					which the station is identifed.	
Note: If you are utilizir	g multiple char	nel line-ups,	use a separate	space G for each	channel line-up.	
	1	CHANN	EL LINE-UP	AF		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)		6. LOCATION OF STATION	
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CINCINNATI BE	IER OF CABLE SY	STEM:			SYSTEM ID#	
		DED TERRI	TORIES, LLO	C	62861	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
			· ·		and low power television stations) d only on a part-time basis under	G
		-		. ,	in network programs [sections	Ŭ
76.59(d)(2) and (4), 76	6.61(e)(2) and (4	4), or 76.63 (r	eferring to 76.6	•	nd (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S				s carried by your c	able system on a substitute program	Transmitters: Television
basis under specifc F0	CC rules, regula	tions, or auth	orizations:			
<ul> <li>Do not list the station station was carried</li> </ul>			t it in space I (th	e Special Stateme	ent and Program Log)—if the	
			ation was carried	d both on a substit	ute basis and also on some other	
		erning substit	tute basis statio	ns, see page (v) o	f the general instructions located	
in the paper SA3 for Column 1: List eac		sign. Do not r	report origination	n program service	s such as HBO, ESPN, etc. Identify	
each multicast stream	associated with	n a station ac	cording to its ov	er-the-air designat	ion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	t be reported in	column 1 (list each	n stream separately; for example	
,	e channel numb	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in	
-			annel 4 in Wash	nington, D.C. This	may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	ork station, an inde	pendent station, or a noncommercial	
	•	•	,		ast), "I" (for independent), "I-M"	
(for independent multi- For the meaning of the					mmercial educational multicast). le paper SA3 form.	
					s". If not, enter "No". For an ex-	
planation of local servi					paper SA3 form. tating the basis on which your	
			•	-	ering "LAC" if your cable system	
carried the distant stat	ion on a part-tir	ne basis beca	ause of lack of a	activated channel o	capacity.	
					payment because it is the subject tem or an association representing	
					y transmitter, enter the designa-	
· · · /			•		ner basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the	
FCC. For Mexican or ( <b>Note:</b> If you are utilizin					which the station is identifed.	
		inei ine-ups,	use a separate	space G IUI each		
		CHANN	EL LINE-LIP	AG		
1 CALL	2 B'CAST		EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL	CHANN 3. TYPE OF	4. DISTANT? (Yes or No)	AG 5. BASIS OF CARRIAGE	6. LOCATION OF STATION	*
		3. TYPE	4. DISTANT?	5. BASIS OF		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		- - - -
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		• •
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		-
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		* * *
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		* * *
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		<ul> <li>.</li> <li>.&lt;</li></ul>
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		<ul> <li>.</li> <li>.&lt;</li></ul>
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE		

	IER OF CABLE SY	STEM:			SYSTEM ID#	
CINCINNATI BE		DED TERRI	TORIES, LLO	C	62861	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
			· ·		and low power television stations)	G
	• •	-			d only on a part-time basis under ain network programs [sections	Ŭ
76.59(d)(2) and (4), 76	6.61(e)(2) and (4	4), or 76.63 (r	eferring to 76.6	0	nd (2) certain stations carried on a	Primary
substitute program bas	· ·		•	s carried by your c	able system on a substitute program	Transmitters: Television
basis under specifc F0				s carried by your of		relevision
			t it in space I (th	e Special Stateme	ent and Program Log)—if the	
<ul><li>station was carried</li><li>List the station here,</li></ul>	,		ation was carried	d both on a substit	ute basis and also on some other	
basis. For further in	formation conc				f the general instructions located	
in the paper SA3 for Column 1: List eac		sian Do not i	eport origination	n program service	s such as HBO, ESPN, etc. Identify	
		-			ion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list each	n stream separately; for example	
,	e channel numb	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in	
,			annel 4 in Wash	nington, D.C. This	may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	ork station. an inde	pendent station, or a noncommercial	
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (1	for network multica	ast), "I" (for independent), "I-M"	
(for independent multie For the meaning of the					mmercial educational multicast). Je paper SA3 form	
					s". If not, enter "No". For an ex-	
planation of local servi						
			-		tating the basis on which your ering "LAC" if your cable system	
carried the distant stat		-		•		
					payment because it is the subject	
					tem or an association representing y transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any otl	ner basis, enter "O." For a further	
· ·	•		•		d in the paper SA3 form. to which the station is licensed by the	
					which the station is identifed.	
Note: If you are utilizir	g multiple char	nel line-ups,	use a separate	space G for each	channel line-up.	
	1	CHANN	EL LINE-UP	AH		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	t
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE		•
	NOWBER	onthon		(If Distant)		
				(If Distant)		
				(If Distant)		
				(If Distant)		
[				(If Distant)		
				(If Distant)		
				(If Distant)		
				(If Distant)		
				(If Distant)		
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				(If Distant)		

CINCINNATI E	VNER OF CABLE SY	STEM:			SYSTEM ID#	
	BELL EXTEN		ITORIES, LLO	C	62861	Name
PRIMARY TRANSMIT	TERS: TELEVISIC	N				
			· ·		and low power television stations)	G
				. ,	d only on a part-time basis under ain network programs [sections	Ŭ
76.59(d)(2) and (4), 7	76.61(e)(2) and (	4), or 76.63 (r	referring to 76.6	0	nd (2) certain stations carried on a	Primary
substitute program b Substitute Basis	· ·			s carried by your c	able system on a substitute program	Transmitters: Television
basis under specifc F						Television
			t it in space I (th	e Special Statem	ent and Program Log)—if the	
<ul><li>station was carrie</li><li>List the station here</li></ul>			ation was carried	d both on a substi	ute basis and also on some other	
basis. For further	information cond				f the general instructions located	
in the paper SA3 Column 1: List ea		sian Do not	report originatio	n program service	s such as HBO, ESPN, etc. Identify	
		-			tion. For example, report multi-	
cast stream as "WET WETA-simulcast).	FA-2". Simulcast	streams mus	t be reported in	column 1 (list eac	n stream separately; for example	
,	he channel num	per the FCC h	has assigned to	the television stat	on for broadcasting over-the-air in	
			annel 4 in Wash	nington, D.C. This	may be different from the channel	
on which your cable Column 3: Indica			tation is a netwo	ork station, an inde	pendent station, or a noncommercial	
educational station, I	by entering the le	tter "N" (for n	etwork), "N-M" (†	for network multic	ast), "I" (for independent), "I-M"	
(for independent mul For the meaning of the					mmercial educational multicast). ne paper SA3 form	
					es". If not, enter "No". For an ex-	
planation of local ser					e paper SA3 form. stating the basis on which your	
-			-	-	ering "LAC" if your cable system	
carried the distant sta	ation on a part-ti	me basis beca	ause of lack of a	activated channel	capacity.	
					payment because it is the subject stem or an association representing	
					y transmitter, enter the designa-	
· · · /					her basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give t	he location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the	
FCC. For Mexican or <b>Note:</b> If you are utiliz					which the station is identifed.	
Note. Il you are utiliz			EL LINE-UP			
1.0011	2 P'CAST					7
1. CALL SIGN	2. B'CAST	2 TVDE				+
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	+
	CHANNEL NUMBER		(Yes or No)	5. BASIS OF	6. LOCATION OF STATION	
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	-
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	- - - -
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	- - - -
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	· · ·
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	- - - - - -
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	· ·
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	· · ·
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	- - - - - - - -
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	- - - - - - - - -
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
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		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
		OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	

CINCINNATI BELL EXTENDED TERRITORIES, LLC       62861       Name         PRIMARY TRANSMITTERS: TELEVISION       In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 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.       G         Substitute pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:       • Do not list the station here in space G — but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.       • Is 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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Was	iry tters:
<ul> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> <li>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).</li> <li>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</li> </ul>	iry tters:
<ul> <li>carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under</li> <li>FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections</li> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>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.</li> <li>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).</li> <li>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</li> </ul>	iry tters:
<ul> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>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.</li> <li>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 associated with a station according to its over-the-air designation. For example, were multicast.</li> <li>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</li> </ul>	iry tters:
<ul> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>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.</li> <li>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-simulast).</li> <li>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</li> </ul>	tters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:       Televis         • 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 1: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.	
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<ul> <li>station was carried only on a substitute basis.</li> <li>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.</li> <li>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).</li> <li>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</li> </ul>	
<ul> <li>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.</li> <li>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).</li> <li>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</li> </ul>	
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Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.	
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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.	
<b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex-	
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your	
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system	
carried the distant station on a part-time basis because of lack of activated channel capacity.	
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing	
the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-	
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.	
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the	
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.	
CHANNEL LINE-UP AJ	
1. CALL     2. B'CAST     3. TYPE     4. DISTANT?     5. BASIS OF     6. LOCATION OF STATION       SIGN     CHANNEL     OF     (Yes or No)     CARRIAGE	
NUMBER STATION (If Distant)	

	IER OF CABLE SY	STEM:			SYSTEM ID#	
CINCINNATI BE		DED TERRI	TORIES, LLO	C	62861	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
			· ·		and low power television stations)	G
		-		. ,	d only on a part-time basis under ain network programs [sections	U
76.59(d)(2) and (4), 76	6.61(e)(2) and (4	4), or 76.63 (r	eferring to 76.6	•	nd (2) certain stations carried on a	Primary
substitute program bas				s carried by your c	able system on a substitute program	Transmitters: Television
basis under specifc F0				s callica by your of		relevision
	•		t it in space I (th	e Special Stateme	ent and Program Log)—if the	
<ul><li>station was carried</li><li>List the station here,</li></ul>	,		ation was carried	d both on a substit	ute basis and also on some other	
basis. For further in	formation conc				f the general instructions located	
in the paper SA3 for Column 1: List eac		sian. Do not i	report origination	n program service:	s such as HBO, ESPN, etc. Identify	
		-			tion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	t be reported in o	column 1 (list each	n stream separately; for example	
,	e channel numb	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in	
,			annel 4 in Wash	nington, D.C. This	may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	ork station, an inde	pendent station, or a noncommercial	
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (1	for network multica	ast), "I" (for independent), "I-M"	
					mmercial educational multicast).	
For the meaning of the Column 4: If the st					e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local servi						
-			•	-	stating the basis on which your ering "LAC" if your cable system	
carried the distant stat		-		-		
					payment because it is the subject	
					tem or an association representing y transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any otl	ner basis, enter "O." For a further	
· ·	•		•		d in the paper SA3 form. to which the station is licensed by the	
					which the station is identifed.	
Note: If you are utilizir	ig multiple char	nel line-ups,	use a separate	space G for each	channel line-up.	
	T	CHANN	EL LINE-UP	AK		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF		
SIGN	CHANNEL NUMBER	OF	(Yes or No)	0	6. LOCATION OF STATION	
	NONDER	STATION	· · · · ·	CARRIAGE	6. LOCATION OF STATION	
		STATION	· · ·	CARRIAGE (If Distant)	6. LOCATION OF STATION	
		STATION			6. LOCATION OF STATION	
		STATION			6. LOCATION OF STATION	
		STATION			6. LOCATION OF STATION	
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					6. LOCATION OF STATION	
		STATION			6. LOCATION OF STATION	
		STATION			6. LOCATION OF STATION	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CINCINNATI BE		DED TERRI	TORIES, LLO	C	62861	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
			· ·		and low power television stations) d only on a part-time basis under	G
		-			in network programs [sections	•
76.59(d)(2) and (4), 76	6.61(e)(2) and (4	4), or 76.63 (r	eferring to 76.6	0	nd (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S			<b>U</b> .	s carried by your ca	able system on a substitute program	Transmitters: Television
basis under specifc F0				· · · · · · · · · · · · · · · · · · ·		
<ul> <li>Do not list the station station was carried</li> </ul>	•		t it in space I (th	e Special Stateme	ent and Program Log)—if the	
			ation was carried	d both on a substit	ute basis and also on some other	
		erning substit	ute basis statio	ns, see page (v) o	f the general instructions located	
in the paper SA3 for Column 1: List eac		sign. Do not r	eport origination	n program services	s such as HBO, ESPN, etc. Identify	
each multicast stream	associated with	n a station ac	cording to its ov	er-the-air designat	ion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	A-2". Simulcast	streams must	be reported in	column 1 (list each	n stream separately; for example	
,	e channel numb	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in	
,			annel 4 in Wash	nington, D.C. This	may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	ork station, an inde	pendent station, or a noncommercial	
	•	· ·			ast), "I" (for independent), "I-M"	
(for independent multi- For the meaning of the					mmercial educational multicast). le paper SA3 form.	
					s". If not, enter "No". For an ex-	
planation of local servi					paper SA3 form. tating the basis on which your	
			•	-	ering "LAC" if your cable system	
carried the distant stat	ion on a part-tir	ne basis beca	ause of lack of a	activated channel o	capacity.	
					payment because it is the subject tem or an association representing	
					y transmitter, enter the designa-	
· · · /					ner basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the	
FCC. For Mexican or ( <b>Note:</b> If you are utilizin					which the station is identifed.	
		•	EL LINE-UP		channer nne-up.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		

CINCINNATI BE	IER OF CABLE SY	STEM:			SYSTEM ID#				
		DED TERRI	TORIES, LLO	C	62861	Name			
PRIMARY TRANSMITTE	ERS: TELEVISIO	N							
			· ·		and low power television stations)	G			
carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections									
			•	1(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary Transmitters:			
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									
	<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the</li> </ul>								
			t it ill space i (ill						
	<ul> <li>station was carried only on a substitute basis.</li> <li>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 station was carried both.</li> </ul>								
Column 1: List eac	ch station's call	-			s such as HBO, ESPN, etc. Identify				
			Ũ	Ũ	ion. For example, report multi- n stream separately; for example				
WETA-simulcast).				,					
			-		on for broadcasting over-the-air in may be different from the channel				
on which your cable sy	/stem carried th	e station.		0					
				,	pendent station, or a noncommercial ast), "I" (for independent), "I-M"				
(for independent multi	cast), "E <sup>"</sup> (for no	oncommercia	l educational), o	or "E-M" (for nonco	mmercial educational multicast).				
For the meaning of the Column 4: If the st					e paper SA3 form. s". If not, enter "No". For an ex-				
planation of local serv	ice area, see pa	age (v) of the	general instruct	ions located in the	paper SA3 form.				
			•	-	tating the basis on which your ering "LAC" if your cable system				
carried the distant stat		-		-					
					payment because it is the subject				
					tem or an association representing y transmitter, enter the designa-				
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any ot	ner basis, enter "O." For a further				
	•		•		d in the paper SA3 form. to which the station is licensed by the				
			FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						
	CHANNEL LINE-UP AM								
	2 B'CAST								
1. CALL SIGN	2. B'CAST CHANNEL	CHANN 3. TYPE OF	4. DISTANT? (Yes or No)	AM 5. BASIS OF CARRIAGE	6. LOCATION OF STATION				
		3. TYPE	4. DISTANT?	5. BASIS OF					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE					

LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	
CINCINNATI B		DED TERRI	TORIES, LLO	C	62861	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute parsers basis under specifc FI • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fc Column 1: List ear cast stream as "WET/ WETA-simulcast). Column 2: Give the its community of licen on which your cable s	G, identify every system during the tions in effect or 5.61(e)(2) and (- sis, as explained <b>Stations:</b> With n CC rules, regulation only on a substant and also in spatiation of the station's call associated with A-2". Simulcast e channel numbers, For example system carried the	v television stand ne accounting n June 24, 19 4), or 76.63 (r d in the next   respect to any ations, or auth G—but do lis titute basis. ace I, if the sta erning substif sign. Do not I n a station ac streams must per the FCC h e, WRC is Ch-	period, except 81, permitting the eferring to 76.6 paragraph. distant stations torizations: t it in space I (the ation was carried tute basis station report origination cording to its ow t be reported in the mas assigned to annel 4 in Wash	(1) stations carried ne carriage of certa 1(e)(2) and (4))]; and s carried by your ca de Special Statement d both on a substitut ns, see page (v) of n program services er-the-air designat column 1 (list each the television station nington, D.C. This in	and low power television stations) d only on a part-time basis under in network programs [sections nd (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify ion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						
			EL LINE-UP	AN		
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	

LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	
CINCINNATI BI			ITORIES, LLO	C	62861	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
In General: In space carried by your cables FCC rules and regulat 76.59(d)(2) and (4), 70 substitute program ba Substitute Basis basis under specific F4 • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fc Column 1: List ead each multicast stream cast stream as "WET/ WETA-simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate educational station, by	G, identify every system during the ions in effect or 5.61(e)(2) and (- sis, as explained stations: With n CC rules, regulation of the system care only on a substant and also in spatian of the station's call associated with A-2". Simulcast e channel numbers, For example system carried the in each case w y entering the let	y television st he accounting h June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta erning substi sign. Do not t h a station ac streams musi ber the FCC h e, WRC is Ch he station. whether the states of	g period, except 81, permitting th referring to 76.6 paragraph. y distant stations norizations: t it in space I (th ation was carried tute basis station report origination cording to its ov t be reported in mas assigned to annel 4 in Wash tation is a netwo etwork), "N-M" (t	(1) stations carried ne carriage of certa 1(e)(2) and (4))]; a s carried by your c as Special Stateme d both on a substit ns, see page (v) o n program service rer-the-air designa column 1 (list each the television stati nington, D.C. This ork station, an inde for network multica	and low power television stations) d only on a part-time basis under ain network programs [sections ind (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the sute basis and also on some other f the general instructions located is such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast).	G Primary Transmitters: Television
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "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 identifed.						
Note: If you are utilizin			EL LINE-UP	•	channel inte-up.	
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	
			·····			

	ABLE SYSTEM:			SYSTEM ID#					
CINCINNATI BELL EX	TENDED TERF	RITORIES, LL	С	62861	Name				
PRIMARY TRANSMITTERS: TEL	EVISION								
• • •		· · ·		and low power television stations)	G				
	carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
76.59(d)(2) and (4), 76.61(e)(2	) and (4), or 76.63	(referring to 76.6	0	nd (2) certain stations carried on a	Primary				
substitute program basis, as e Substitute Basis Stations			s carried by your c	able system on a substitute program	Transmitters: Television				
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:									
	• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
<ul><li>station was carried only on</li><li>List the station here, and also</li></ul>			d both on a substit	ute basis and also on some other					
basis. For further information				f the general instructions located					
in the paper SA3 form. Column 1: List each station	i's call sign. Do no	t report originatio	n program service	s such as HBO, ESPN, etc. Identify					
	-			tion. For example, report multi-					
cast stream as "WETA-2". Sim WETA-simulcast).	ulcast streams mu	st be reported in	column 1 (list each	n stream separately; for example					
,	I number the FCC	has assigned to	the television stati	on for broadcasting over-the-air in					
•	•	hannel 4 in Wasł	hington, D.C. This	may be different from the channel					
on which your cable system ca Column 3: Indicate in each		station is a netwo	ork station, an inde	pendent station, or a noncommercial					
educational station, by entering	g the letter "N" (for	network), "N-M" (	for network multica	ast), "I" (for independent), "I-M"					
(for independent multicast), "E For the meaning of these term				mmercial educational multicast). ne paper SA3 form					
				s". If not, enter "No". For an ex-					
planation of local service area,				paper SA3 form. tating the basis on which your					
-		•		ering "LAC" if your cable system					
carried the distant station on a	part-time basis be	cause of lack of a	activated channel of	capacity.					
				payment because it is the subject tem or an association representing					
				y transmitter, enter the designa-					
tion "E" (exempt). For simulcas explanation of these three cate				her basis, enter "O." For a further					
		, 0		to which the station is licensed by the					
FCC. For Mexican or Canadian									
Note: If you are utilizing multip		•	•	channel inte-up.					
			CHANNEL LINE-UP AP						
		1. CALL     2. B'CAST     3. TYPE     4. DISTANT?     5. BASIS OF     6. LOCATION OF STATION							
	NNEL OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION					
	INNEL OF IBER STATIO	(Yes or No)		6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	-				
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	- - -				
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	-				
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	·				
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					
	-	(Yes or No)	CARRIAGE	6. LOCATION OF STATION					

LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#			
CINCINNATI BE		DED TERRI	TORIES, LLO	C	62861	Name		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N						
			· ·		and low power television stations)	G		
	carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
76.59(d)(2) and (4), 76	6.61(e)(2) and (4	4), or 76.63 (r	eferring to 76.6	0	nd (2) certain stations carried on a	Primary		
substitute program bas	· ·			s carried by your c	able system on a substitute program	Transmitters: Television		
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:								
	<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> </ul>							
			ation was carried	d both on a substit	ute basis and also on some other			
basis. For further in	nformation conc				f the general instructions located			
in the paper SA3 for Column 1: List eac		sian. Do not i	report originatio	n program services	s such as HBO, ESPN, etc. Identify			
		-			ion. For example, report multi-			
cast stream as "WETA WETA-simulcast).	A-2". Simulcast	streams must	t be reported in	column 1 (list each	n stream separately; for example			
,	e channel numb	per the FCC h	as assigned to	the television stati	on for broadcasting over-the-air in			
,			annel 4 in Wash	nington, D.C. This	may be different from the channel			
on which your cable sy Column 3: Indicate			ation is a netwo	ork station. an inde	pendent station, or a noncommercial			
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (	for network multica	ast), "I" (for independent), "I-M"			
(for independent multie For the meaning of the					mmercial educational multicast). Je paper SA3 form			
					s". If not, enter "No". For an ex-			
planation of local servi								
			•	-	tating the basis on which your ering "LAC" if your cable system			
carried the distant stat		-		•				
					payment because it is the subject			
					tem or an association representing y transmitter, enter the designa-			
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any oth	ner basis, enter "O." For a further			
· ·	•		•		d in the paper SA3 form. to which the station is licensed by the			
					which the station is identifed.			
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AQ				
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)				
	HOMBER	o i / thion		(il Diotant)				

	100. 2024/1							FORM SASE. PAGE 4.
Name	LEGAL NAME OF C			ME D TERRITORIES, LLC				SYSTEM ID# 62861
H Primary Transmitters: Radio	all-band basis v Special Instruct receivable if (1) on the basis of For detailed info located in the p Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: C	t every radio s whose signals of ctions Concer- it is carried by monitoring, to prmation about aper SA3 form dentify the call state whether the the radio statis this by placing Sive the station	tation ca were "ge <b>ming All</b> the sys" be recein t the the sign of e ne statio on's sigr a check 's locatio	rried on a separate and discre nerally receivable" by your cat I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy Copyright Office regulations o each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	ole system during copyright Office re the system's hea ystem's FM anter n this point, see and by the cable sy e station is licens	the accountir egulations, an idend, and (2) ina, during ce page (vi) of the ystem as a sep ed by the FCC	ng period FM sigr it can b rtain sta e genera parate al	d. nal is generally e expected, ted intervals. al instructions nd discrete
				,		,		
			0/2				0/5	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

CINCINNATI BELL EXT		EM:			5	YSTEM ID#			
	ENDED T	ERRITORIE	S, LLC			62861	Name		
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
<b>In General:</b> In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
				e general mot	ructions located in the pa		Substitute Carriage:		
<ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> </ul>									
<b>Note:</b> If your answer is "No," log in block 2.	" leave the	rest of this pag	e blank. If your answer is '	Yes," you mu			Program Log		
log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.         Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).         Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."         Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations i									
SUBSTITUTE PROGRAM     WHEN SUBSTITUTE     7. REASON       CARRIAGE OCCURRED     FOR									
0.	OBSILIOI	E PROGRAM			IAGE OCCURRED				
1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION			7. REASON FOR DELETION			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR			

ACCOUNTING PERIOD: 2024/1

#### ACCOUNTING PERIOD: 2024/1

	PERIOD: 2024/1									A3E. PAGE 6	
Name	LEGAL NAME OF C		SYSTEM: NDED TERRITOR	RIES, LLC					SY	STEM ID# 62861	
J Part-Time Carriage Log	time carriage du hours your syste Column 1 (Ca column 5 of spa Column 2 (Da curred during the • Give the month "4/10." • State the starti television statior "app." Example:	s space ties in v e to lack of acti em carried that s all sign): Give f ce G. ates and hours e accounting pe n and day when ng and ending f n's broadcast da "12:30 a.m.– 3	the carriage occurred times of carriage to the ay, you may give an a	y, you are requ ore space, plea distant station v ch station, list t I. Use numerals e nearest quart pproximate end	uired ase a whos he d s, wi ter h ding	I to complete thi attach additional se basis of carria lates and hours th the month firs our. In any case hour, followed b	s log giving the t pages. age you identified when part-time o st. Example: for a where carriage y the abbreviatio	otal dates and d by "LAC" in carriage oc- April 10 give ran to the end of the on			
			DATES	AND HOURS (	DF F	ART-TIME CAF	RIAGE				
		WHEN	I CARRIAGE OCCUR	RED		0411 0101	WHE	N CARRIAGE O	CUR	RED	
	CALL SIGN	DATE	HOURS	S TO		CALL SIGN	DATE	H <sup>I</sup> FROM	OURS	то	
		DATE		10			DATE	FROM	_	10	
			_								
			_						_		
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			_						_		
			_						_		
			_						_		
			_						_		
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									_		

FORM	SA3E. PA	GE 7.				
		F OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name
CIN		TI BELL EXTENDED TERRITORIES, LLC			62861	
Inst all a (as pag	amounts ( identified le (vii) of Gross re during tl	CEIPTS The figure you give in this space determines the form you file and the amount you gross receipts) paid to your cable system by subscribers for the system's second in space E) during the accounting period. For a further explanation of how to con- the general instructions. acceipts from subscribers for secondary transmission service(s) the accounting period. T: You must complete a statement in space P concerning gross receipts.	ary tra	nsmissi this amo	on service	K Gross Receipts
<ul> <li>Instru</li> <li>Con</li> <li>Con</li> <li>If you</li> <li>If you</li> <li>If you</li> </ul>	ictions: I mplete blo pur system from bloo pur system	ROYALTY FEE Jse the blocks in this space L to determine the royalty fee you owe: bck 1, showing your minimum fee. bck 2, showing whether your system carried any distant television stations. In did not carry any distant television stations, leave block 3 blank. Enter the amou ck 1 on line 1 of block 4, and calculate the total royalty fee. In did carry any distant television stations, you must complete the applicable parts ing this form and attach the schedule to your statement of account.				L Copyright Royalty Fee
	art 8 or pa ck 3 belov	art 9, block A, of the DSE schedule was completed, the base rate fee should be e v.	ntered	on line	1 of	
-	art 6 of th elow.	e DSE schedule was completed, the amount from line 7 of block C should be enter	ered o	n line 2	in block	
	art 7 or pa block 4 b	art 9, block B, of the DSE schedule was completed, the surcharge amount should below.	be en	tered or	ı line	
Block 1	least the system's	IM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a e minimum fee, regardless of whether they carried any distant stations. This fee is s gross receipts for the accounting period. Enter the amount of gross receipts from space K.				
		Multiply the amount in line 1 by 0.01064. Enter the result here.		Ψ	21,700,070.00	
		This is your minimum fee.	\$		231,462.33	
Block 2	space G "Yes" in • Did yo	IT TELEVISION STATIONS CARRIED: Your answer here must agree with the in 6. If, in space G, you identified any stations as "distant" by stating "Yes" in column this block. ur cable system carry any distant television stations during the accounting period? 5.—Complete the DSE schedule. No—Leave block 3 below blank and c	4, you ?	must cl	neck	
Block 3	Line 1.	<b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.		\$	5,178.13	
5	Line 2.	<b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.			0.00	
	Line 3.	Add lines 1 and 2 and enter here.	\$		5,178.13	
Block 4	Line 1.	<b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger.		\$	231,462.33	Cable systems
	Line 2.	<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00	submitting additional
	Line 3.	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact
	Line 4.	FILING FEE		\$	725.00	the Licensing additional fees. Division for the
		ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. ts 1, 2 and 3 of block 4 and enter total here	\$		232,187.33	appropriate form for submitting the
		EFT Trace # or TRANSACTION ID # 76813575255		]		additional fees.
		Remit this amount via electronic payment payable to Register of Copyrights. (See p	age (i)	<u>of the</u>		
		general instructions located in the paper SA3 form and the Excel instructions tab for	or more	e inform	ation.)	

ACCOUNTING PERIO	FORM SA3E.	
Name		EM ID#
<b>M</b> 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	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)         Name       ANGELA KRAMER         Address 221 E. 4TH STREET #103-900	
	(Number, street, rural route, apartment, or suite number)         CINCINNATI, OH 45202         (City, town, state, zip)         Email       ANGELA.KRAMER@ALTAFIBER.COM       Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> </ul>	
	<ul> <li>(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</li> <li>(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.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	
	Image: Note of the image: No	
	Date: August 27, 2024	
form in order to proc numbers. By providi search reports prepa	E Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this cess 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 ing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in ared 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 f statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM CINCINNATI BELL EXTENDED TERRITORIES, LLC 628	Namo
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion
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 Mailing Address Mailing Address	
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
x 0%	Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>.                                    </u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>.                                    </u>
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7)	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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 Office, 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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

## INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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

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

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

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

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

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

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

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

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

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

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

#### TOTAL OF DSEs

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

#### THE ROYALTY FEE

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

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules.

2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

# DSE SCHEDULE. PAGE 11.

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

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

· If none of the stations were partially distant, calculate your base rate fee according to the following rates-for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSE 1.064% of gross receipts

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

0.330% of gross receipts

PARTIALLY DISTANT STATIONS-PART 9 OF THE DSE SCHEDULE

· If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group. 3. For each subscriber group, calculate the total number of DSEs of

that group's complement of stations.

and E

35 mile zone 🖊

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

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

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

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

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

	Distant Stations Carried		Identification of	of Subscriber (	Groups		
In most cases under current FCC	STATION	DSE	CITY	OUTSIDE LO	CAL	GROS	SS RECEIPTS
rules, all of Fairvale would be within	A (independent)	1.0		SERVICE AR	EA OF	FROM S	UBSCRIBERS
the local service area of both stations	B (independent)	1.0	Santa Rosa	Stations A, B	, C, D ,E		\$310,000.00
A and C and all of Rapid City and Bo-	C (part-time)	0.083	Rapid City	Stations A an	d C		100,000.00
dega Bay would be within the local	D (part-time)	0.139	Bodega Bay	Stations A an	d C		70,000.00
service areas of stations B, D, and E.	E (network)	<u>0.25</u>	Fairvale	Stations B, D	, and E		120,000.00
	TOTAL DSEs	2.472		TOTAL GRO	SS RECEIPTS		\$600,000.00
/ 、	Minimum Fee Total Gross	Receipts		\$600,000.00			
Santa Rosa Stations A and C				x .01064			
35 mile zone				\$6,384.00			
	First Subscriber Group		Second Subsc	riber Group		Third Subscriber Group	
· · · ·	(Santa Rosa)		(Rapid City and	Bodega Bay)		(Fairvale)	
Fairvale							
	Gross receipts	\$310,000.00	Gross receipts		\$170,000.00	Gross receipts	\$120,000.00
Rapid City	DSEs	2.472	DSEs		1.083	DSEs	1.389
	Base rate fee	\$6,497.20	Base rate fee		\$1,907.71	Base rate fee	\$1,604.03
Bodega	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .010	64 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
Bay	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .007	01 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
	Base rate fee	\$6,497.20	Base rate fee	-	\$1,907.71	Base rate fee	\$1,604.03
Stations B, D,	Total Base Rate Fee: \$6.4	197 20 + \$1 907 7	1 + \$1 604 03 =	\$10 008 94			

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

# DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	STEM ID#					
1	CINCINNATI BELL EXTENDED TERRITORIES, LLC 6286										
	SUM OF DSEs OF CATEGOR	Y "O" STATION	S:								
	<ul> <li>Add the DSEs of each station.</li> </ul>				<i>.</i>						
	Enter the sum here and in line <sup>2</sup>	l of part 5 of this	schedule.		1.50						
2	Instructions:										
2	In the column headed "Call S of space G (page 3).	ign": list the call	signs of all distant stations in	dentified by the	letter "O" in column 5						
Computation	In the column headed "DSE":	for each indepe	ndent station, give the DSE a	as "1.0"; for ea	ch network or noncom-						
of DSEs for	mercial educational station, give										
Category "O"			CATEGORY "O" STATION	S: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WCET 48	0.250									
	WCET ARTS 48.3	0.250									
	WCET CREATE 48.2	0.250									
	WCVN 54	0.250									
	WCVN 54.2	0.250									
Add rows as	WPTD THINK TV 16	0.250		<u>†</u> †							
necessary.				<u> </u>							
Remember to copy all											
formula into new											
rows.											
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l

Name

3

LEGAL NAME OF OWNER OF CABLE SYSTEM

Instructions: CAPACITY

CINCINNATI BELL EXTENDED TERRITORIES. LLC

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

DSE SCHEDULE. PAGE 12.

SYSTEM ID#

62861

LEGAL NAME OF O	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#	Nama
CINCINNATI B	ELL EXTENDE		ORIES, LLC					62861	Name
Instructions: Bloc In block A: • If your answer if "			rt 6 and part 7	of the DSE schedu	ule blank and	complete part	8, (page 16) of the	1	6
schedule.			·				-, (F-3,		·
<ul> <li>If your answer if "</li> </ul>	ino, complete blo			ELEVISION M	ARKETS				Computation of
Is the cable system	n located wholly ou					ion 76.5 of FC	C rules and regula	tions in	3.75 Fee
effect on June 24,	1981?		-						
			J NOT COMPI	LETE THE REMAII	NDER OF PA	R1 6 AND 7.			
	lete blocks B and	C below.							
		BLOO	CK B: CARR	IAGE OF PERM	AITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations prio e DSE Sched	r to June 25, 1 lule. (Note: The	part 2, 3, and 4 of to 981. For further ex e letter M below ref Act of 2010.)	planation of p	ermitted statio	ns, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	lles and regula ed pursuant to	ations cited be the FCC mar	is on which you cal low pertain to those ket quota rules [76.	e in effect on . .57, 76.59(b),	June 24, 1981. 76.61(b)(c), 76	5.63(a) referring to		
	C Noncommeric D Grandfathered instructions fo E Carried pursua	al educational d station (76.6 r DSE schedu ant to individu	station [76.59 5) (see paragraule). al waiver of FC	· · ·	(a) referring to stitution of grad	o 76.61(d)] ndfathered sta			
		IHF station wi	thin grade-B co	e or substitute basi ontour, [76.59(d)(5) am.			ring to 76.61(e)(5)	l	
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WCET 48	C C	0.25							
WCET ART	4	0.25 0.25							
WCELCKE WCVN 54	с С	0.25							
WCVN 54.2	••••••••••••••••••••••••••••••••••••	0.25							
	••••••••••••••••••••••••••••••••••••	0.25							
		<u> </u>	<u> </u>			1		1	
								1.50	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	part 5 of this s	chedule					
Line 2: Enter the	sum of permitte	d DSEs from	ı block B abo	ve					
Line 3: Subtract I (If zero, le				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	ss receipts from	space K (pa	ge 7)				x 0.0	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	and enter sur	n here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	Es from line (	3						If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

Name	YSTEM ID# 62861					ORIES, LLC			
			JED)		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									-
0.70100									
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								DSE S	CHEDULE. PAGE 14.		
Name	LEGAL NAME OF OWN								SYSTEM ID#		
Name	CINCINNATI BE	LL EXTEN	DED TERRITOR	RIES, LLC					62861		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	ing       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.         Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.         for       Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).         d       Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:         and       (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)         A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections								981. 9		
		DEDMITT					יידפט ופ ח				
	1. CALL	2. PERMIT		TIONS CARRIE	U	ON A PART-TIME AN 4. BASIS OF	1		). PERMITTED		
	SIGN	2. PRIC		ERIOD		4. BASIS OF CARRIAGE	-	DSE	DSE		
	31011	DOL				CANNAGE		DGL	DGL		
			•								
7	Instructions: Block A	must be com	pleted.								
	In block A:	<i>".</i>									
Computation			te blocks B and C, I								
of the	If your answer is '	"No," leave blo	ocks B and C blank	and complete pa	art	8 of the DSE schedule	9.				
Syndicated			BLOCH	K A: MAJOR <sup>·</sup>	ΤE	LEVISION MARK	ET				
Exclusivity											
Surcharge	<ul> <li>Is any portion of the c</li> </ul>	able system w	ithin a top 100 majo	r television mark	et a	as defned by section 76	6.5 of FCC r	ules in effect June 24	l, 1981?		
	X Yes—Complete	blocks B and	С.		No—Proceed to part 8						
		arriage of V/HF	Grade B Contour	Stations	PLOCK C: Computation of Exampt DSEc						
	BLOCK B. C.	amaye or vin		Stations	BLOCK C: Computation of Exempt DSEs				525		
	Is any station listed in					Was any station listed			,		
	commercial VHF station or in part, over the cal		a grade B contour,	in whole		nity served by the cabl to former FCC rule 76.		rior to March 31, 19	2? (refer		
		-			ľ		,				
			n its appropriate perm	Itted DSE				vith its appropriate per	mitted DSE		
	X No—Enter zero a	nd proceed to p	art 8.			X No—Enter zero ar	nd proceed to	o part 8.			
		Dee		Dee			Der		Dee		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	DSE		
				······					·····		
				······			·····		·····		
				······					·····		
									<mark></mark>		
			TOTAL DSEs	0.00				TOTAL DSEs	0.00		

DSE SCHEDULE. PAGE15.
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LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7) 2	1,753,978.08	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?           X         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?     X Yes—Complete part 9 of this schedule.     No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	Ξ	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	<u> </u>	
	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		
L			

## ACCOUNTING PERIOD: 2024/1

DSE SCHEDULE, PAGE 16.

Name		INE OF OWNER OF CABLE SYSTEM: SYST	STEM ID# 62861
<b>7</b> 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).  Subtract 4.000 from the total DSEs (the figure on line C in section 2) 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.  C. Multiply S	0.00
8 Computation of Base Rate Fee	6 was o In blo If you If you blank What i were lo	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
	• Did y	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	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)	0.00

LEGAL N/	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Namo
CINC	NNATI BELL EXTENDED TERRITORIES, LLC	62861	Name
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
4	in the lighte in section 2 is more than 4.000, compute your base rate lee here and leave section 5 blank.		0
•	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) <b>S</b>	_	
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) <b>S</b>		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		
	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)	0.00	
	Base Rate Fee \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast	signals shall	
instead	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel		9
Space			5
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, t s from subscribers located within the station's local service area, from your system's total gross receipts. To take adv		Computation
	on, you must:	0	of Base Rate Fee
First: [	livide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	he same	and
	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 e 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 pa	t 7 vou must	for Partially
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo		Distant
-	ble system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant statio		Permitted Stations
-	to that community.	ii you	Stations
Step 2	For each wholly distant and each partially distant station you carried, determine which of your subscribers were local	ted	
	the station's local service area. A subscriber located outside the local service area of a station is distant to that station is distant to the subscriber.)	on (and, by the	
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E	ach	
subscri	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that		
	e only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu groups	tting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	m's subscriber	
•	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 c bers in the group.	f the	
• If:	2010 II II G. 04P.		
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in j schedule; or,	parts 2, 3, and 4	
2) any	portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in blo 6 of this schedule.	ock B,	
• Add tl	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general ins paper SA3 form.	structions	
page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pr 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 calculations on the form.	is, the total	

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEM I
Name	CINCINNATI BELL EXTENDED TERRITORIES, LLC	628
	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.	

		SYSTEM: DED TERRITORIE	ES, LLC				62861
В				ATE FEES FOR EACH			
COMMUNITY/ AREA	FIRST	SUBSCRIBER GRO	0UP 0	COMMUNITY/ AREA	SECOND	SUBSCRIBER GROL	JP 0
OMMONIT I/ AREA				COMMONT I/ AREA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WPTD THINK TV 1	0.25		
							·····
	<b></b> ]						_ <b>_</b>
otal DSEs			0.00	Total DSEs			0.25
oss Receipts First Gro	up	\$ 19,82	7,924.66	Gross Receipts Second	Group	<u>\$</u> 1,9	912,420.60
se Rate Fee First Gro	•	\$ SUBSCRIBER GRO	<b>0.00</b>	Base Rate Fee Second		\$ SUBSCRIBER GROU	<b>5,087.04</b>
DMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CET 48 CET ARTS 48.3	0.25 0.25			WCVN 54 WCVN 54.2	0.25 0.25		
CET CREATE 48.	······		•••••		0.20		
CVN 54	0.25						
CVN 54.2	0.25						
	0.25						
PTD THINK TV 16						1	
PTD THINK TV 16							
PTD THINK TV 16							
PTD THINK TV 16							
PTD THINK TV 16							
PTD THINK TV 16							
PTD THINK TV 16							
PTD THINK TV 16							
			1.50	Total DSEs			0.50
tal DSEs			1.50	Total DSEs	Group		0.50
tal DSEs	oup	<u>\$</u>	1.50	Total DSEs Gross Receipts Fourth	Group	<u>\$</u>	0.50 6,654.41
VPTD THINK TV 16	·	\$\$			-	\$ \$ \$	

FORM SA3E. P	AGE 19.
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Name	62861	S			S, LLC			LEGAL NAME OF OWNER		
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A:	BL		
^	IP	SUBSCRIBER GROU		JP	SUBSCRIBER GROU	FIFTH				
<b>9</b> Computatio	0			COMMUNITY/ AREA	0	OMMUNITY/ AREA 0				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate F						0.25	ICVN 54 0.25			
and							0.25	WCVN 54.2		
Syndicate Exclusivit							0.25	WPTD THINK TV 16		
Surcharge										
for		+								
Partially										
Distant										
Stations										
	0.00			Total DSEs	0.75			Total DSEs		
	0.00	Gross Receipts Second Group \$ 0.00				\$6	чр	Gross Receipts First Gro		
	0.00	\$	nd Group	Base Rate Fee Secor	55.69	Base Rate Fee First Group \$ 55.69				
	IP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GROU	EVENTH	SI		
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	0.00			Total DSEs	0.00			Total DSEs		
	0.00	•	h O							
	0.00	\$	n Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gro		
				11						

FORM	SA3E.	PAGE	19.
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LEGAL NAME OF OWNE			S, LLC			5	62861	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EA	CH SUBSCR	IBER GROUP		
	NINTH	SUBSCRIBER GRO			JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	<b>3</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	LEVENTH	SUBSCRIBER GRO				I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
			<mark></mark>					
Total DSEs			0.00	Total DSEs		· · · · · · · · · · · · · · · · · · ·	0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
<b>Base Rate Fee:</b> Add th Enter here and in block			riber group a	as shown in the boxes	above.			

		ES, LLC				SYSTEM ID# 62861	Name
			TE FEES FOR EAG				
	I SUBSCRIBER GRO		1		SUBSCRIBER GRO		9
OMMUNITY/ AREA			COMMUNITY/ ARE	Α		0	Computa
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndica
							Exclusiv
							Surchar
							for Partial
	•						Distan
							Station
otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
	I SUBSCRIBER GRO				SUBSCRIBER GRO	0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•	····					
	•	••••					
		••••					
otal DSEs	11	0.00	Total DSEs			0.00	
ross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	<u>د</u>	0.00	
	\$	0.00		iai Oioup	\$	0.00	
ase Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
ale ree i nira Group	\$	0.00	Dase Rate Fee Fou	rui Group	\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861									
				TE FEES FOR EAG	CH SUBSCR	IBER GROUP			
	NTEENTH	SUBSCRIBER GRC		h		I SUBSCRIBER GROU		9	
COMMUNITY/ AREA	OMMUNITY/ AREA 0			COMMUNITY/ ARE	A		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
								Syndicated	
	··•							Exclusivity Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs	·		0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
NI	NTEENTH	SUBSCRIBER GRC	UP		TWENTIETH	I SUBSCRIBER GROU	Р		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	··								
	•••		••••				••••		
							····		
			••••				••••		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
	I <b>-</b>	. <u>.</u>			<b></b> h				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
		<b>e fees</b> for each subse pace L (page 7)	criber group a	II as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861								
Bl	OCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	Y-FIRST	SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA	OMMUNITY/ AREA C			COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
			<b></b>					Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GRO	UP	TWEN	ITY-FOURTH	I SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•••••			
			<mark></mark>					
						+		
			<mark></mark>					
Total DSEs			0.00	Total DSEs			0.00	
					th Craun	<u></u>		
Gross Receipts Third Gro	Jup	\$	0.00	Gross Receipts Four	ai Gioup	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Rate Fee: Add the			riber group a	II	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861									
Bl	OCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP			
	Y-FIFTH	SUBSCRIBER GRO		H		I SUBSCRIBER GROU		9	
COMMUNITY/ AREA				COMMUNITY/ AREA			0	<b>J</b> Computation	
CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE CALL SIGN D				DSE	of		
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
								Stations	
							····		
						+			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$			0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00				Base Rate Fee Seco	ond Group	\$	0.00		
TWENTY-S	EVENTH	SUBSCRIBER GRO	JP	TWE	NTY-EIGHTH	I SUBSCRIBER GROU	Р		
COMMUNITY/ AREA				COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			0.00				0.00		
			Total DSEs		·				
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
		e fees for each subsc bace L (page 7)	riber group a	II	above.	\$			

R GROUP       9         BSCRIBER GROUP       0         CALL SIGN       DSE         And       Syndicated         Exclusivity       Surcharge         for       Partially         Distant       Stations         0.00       0.00         0.00       0.00         BSCRIBER GROUP       0         CALL SIGN       DSE	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861											
0     9       Computation     of       Base Rate Fe     and       Syndicated     Exclusivity       Surcharge     for       Partially     Distant       Distant     Stations       0.00     0.00       BSCRIBER GROUP     0												
Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 BSCRIBER GROUP 0	rieth si			TWENTY-NINTH SUBSCRIBER GROUP								
CALL SIGN     DSE     of       Base Rate Fea     and       Syndicated       Exclusivity       Surcharge       for       Partially       Distant       Stations       0.00       0.00       BSCRIBER GROUP       0		IMUNITY/ AREA	0	COMMUNITY/ AREA 0								
and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 0.00 BSCRIBER GROUP 0	E	LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN						
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 BSCRIBER GROUP 0												
Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 BSCRIBER GROUP 0												
Surcharge for Partially Distant Stations 0.00 0.00 0.00 BSCRIBER GROUP 0												
for       Partially       Distant       Stations       0.00       0.00       0.00       0.00       0.00       0.00												
Distant Stations												
0.00       0.00       0.00       0.00       BSCRIBER GROUP       0												
0.00 0.00 0.00 BSCRIBER GROUP 0												
0.00 0.00 BSCRIBER GROUP 0												
0.00 0.00 BSCRIBER GROUP 0												
0.00 0.00 BSCRIBER GROUP 0												
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0.00 0.00 BSCRIBER GROUP 0												
0.00 0.00 BSCRIBER GROUP 0												
0.00 BSCRIBER GROUP 0	_	DSEs	0.00			Fotal DSEs						
0.00 BSCRIBER GROUP 0	Gross Receipts Second Group \$ 0.00				aud	Gross Receipts First Gro						
BSCRIBER GROUP 0	-r <u>-</u>		0.00	<u>\$</u>	F							
0	up 💲	e Rate Fee Second	0.00	\$	pup	Base Rate Fee First Gro						
	COND S	THIRTY-	Р	SUBSCRIBER GROU	TY-FIRST	THIRI						
CALL SIGN DSE		IMUNITY/ AREA	0			COMMUNITY/ AREA						
	ε	LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN						
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	·····				<u> </u>							
	·····											
0.00	11	IDSEs	0.00		a 1	Fotal DSEs						
0.00	p <u>\$</u>	s Receipts Fourth G	0.00	<u>\$</u>	oup	Gross Receipts Third Gr						
0.00	p <b>\$</b>	e Rate Fee Fourth G	0.00	\$	oup	Base Rate Fee Third Gr						

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861										
				TE FEES FOR EACH						
	Y-THIRD	SUBSCRIBER GROU		1	TY-FOURTH	SUBSCRIBER GROU		9		
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity Surcharge		
								for		
								Partially		
								Distant		
						 		Stations		
					••••	+				
Total DSEs			0.00	Total DSEs	•	···	0.00			
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00			
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00			
THIRT	Y-FIFTH	SUBSCRIBER GROU	JP	ТН	IRTY-SIXTH	SUBSCRIBER GROU	P			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
					••••					
Total DSEs			0.00	Total DSEs			0.00			
		0.00	Gross Receipts Fourt	h Group	¢	0.00				
	Jup	\$	5.00		Goup	\$	0.00			
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
e Rate Fee: Add the er here and in block 3			iber group a	II as shown in the boxes a	bove.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861									
В	LOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP			
	SEVENTH	SUBSCRIBER GRO		h		SUBSCRIBER GROU		9	
COMMUNITY/ AREA 0				COMMUNITY/ ARE	A		0	Computation	
CALL SIGN DSE		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
								Syndicated	
								Exclusivity	
							·····	Surcharge for	
	+		····					Partially	
	<b>.</b>			•				Distant	
								Stations	
	<b>.</b>								
							····		
		<u>  </u>							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00		
THIR	ry-Ninth	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	Р		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				•					
							••••		
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	1								
	<b>_</b>								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		0.00				0.00			
	r-	·							
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00		
e base rat				Base Rate Fee Fou		\$\$	0.00		

Q       Q         0       Computation         N       DSE         0       Base Rate Fe         and       Syndicated         Exclusivity       Surcharge         0       for         Partially       Distant         0.00       Stations         0.00       0.00         R GROUP       0	BER GROUP SUBSCRIBER GROU		TE FEES FOR EAC	F BASE RA	COMPUTATION O						
0     9       N     DSE       A     DSE       Base Rate Fee     and       Syndicated     Exclusivity       Surcharge     for       Partially     Distant       D.00     0.00       0.00     0.00	SUBSCRIBER GROU	TY-SECOND	11								
N     DSE     of       Base Rate Fee     and       Syndicated       Exclusivity       Surcharge       for       Partially       Distant       Stations			FOR	FORTY-FIRST SUBSCRIBER GROUP							
N     DSE     of       Base Rate Fermination     and       and     Syndicated       Syndicated     Exclusivity       Surcharge     for       Partially     Distant       Distant     Stations       0.00     0.00       0.00     0.00			COMMUNITY/ AREA	COMMUNITY/ AREA 0							
and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 0.00 0.00 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 0.00 R GROUP 0											
Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 R GROUP 0											
Surcharge for Partially Distant Stations 0.00 0.00 0.00 R GROUP 0											
for Partially Distant Stations 0.00 0.00 0.00 0.00 R GROUP 0											
Partially Distant Stations											
Distant Stations											
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0.00 0.00 R GROUP 0											
0.00 0.00 R GROUP 0											
0.00  R GROUP  0			Total DSEs	0.00			Fotal DSEs				
R GROUP 0	Gross Receipts Second Group \$ 0.00				Gross Receipts First Group \$ 0.00						
0	\$	nd Group	Base Rate Fee Seco	0.00	\$	oup	<b>3ase Rate Fee</b> First Gr				
	SUBSCRIBER GROU	TY-FOURTH	FOR	UP	FORTY-THIRD SUBSCRIBER GROUP						
N DSE		COMMUNITY/ AREA	0								
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
	-										
				···							
				<b></b>							
				<b></b>		<b>.</b>					
0.00			Total DSEs	0.00			Total DSEs				
	-	h 0									
0.00	\$	ii Group	Gross Receipts Four	0.00	\$	oup	Gross Receipts Third G				
0.00		h Croup	Base Rate Fee Four	0.00	\$	oup	Base Rate Fee Third G				

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861											
BI	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP										
	Y-FIFTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU		9			
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	<b>J</b> Computation			
CALL SIGN DSE		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
								Base Rate Fee			
								and			
								Syndicated			
								Exclusivity			
								Surcharge for			
								Partially			
								Distant			
								Stations			
							••••				
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Seco	Gross Receipts Second Group \$ 0.0						
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00				
FORTY-S	EVENTH	SUBSCRIBER GRO	UP	FOF	RTY-EIGHTH	I SUBSCRIBER GROU	Р				
			0	COMMUNITY/ AREA 0							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
							····				
			•••				••••				
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third Group \$		0.00	Gross Receipts Four	th Group	\$	0.00					
,											
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00				
se Rate Fee: Add the er here and in block 3			riber group a	II as shown in the boxes a	above.	\$					

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861									
				TE FEES FOR EAC					
FORTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			FIFTIETH SUBSCRIBER GROUP       COMMUNITY/ AREA     0				9 Computation		
CALL SIGN	CALL SIGN DSE CALL SIGN			CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
			DSE					Base Rate Fee	
								and	
								Syndicated	
								Exclusivity Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00		
FIF	TY-FIRST	SUBSCRIBER GRO	JP	FIF	JP				
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
							•••••		
			•••				•••••		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
	- <b>~ P</b>				e.oup				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
<b>Base Rate Fee:</b> Add the Enter here and in block	e <b>base rate</b> 3, line 1, sp	e fees for each subsc bace L (page 7)	riber group a	II as shown in the boxes	above.	\$			

	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861									
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A:	В		
•	JP	SUBSCRIBER GROU	/-FOURTH	FIFT	JP	SUBSCRIBER GROU	Y-THIRD	FIFT		
<b>9</b> Computat	0			COMMUNITY/ AREA	0	COMMUNITY/ AREA 0				
of	DSE	SE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	CALL SIGN DSE						
Base Rate										
and										
Syndicate										
Exclusivi										
Surcharg										
for										
Partially										
Distant Stations	·····									
Stations										
	0.00		•	Total DSEs	0.00		••	otal DSEs		
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	Base Rate Fee First Group \$ 0.00				
	JP	SUBSCRIBER GROU	TY-SIXTH	FI	JP	SUBSCRIBER GROU	TY-FIFTH	FIF		
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	•••••									
							<b>.</b>			
	·····									
	0.00				0.00					
	0.00			Total DSEs		otal DSEs 0.00				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr		
						Base Rate Fee Third Group \$ 0.00				

FORM SA3E. P	AGE 19.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861									
В	LOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP			
FIFTY-S	SEVENTH	SUBSCRIBER GRO	UP	F	Р	0			
COMMUNITY/ AREA 0			COMMUNITY/ ARE	Α		0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
							•••••	Partially	
								Distant	
								Stations	
Total DSEs	<u> </u>		0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
		·				<u>·</u>			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00		
	Y-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	I SUBSCRIBER GROU	Р		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			•••				••••		
	+		•••						
	1								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr			0.00	Gross Receipts Fou	irth Group	\$	0.00		
		<u>.</u>			<b>- P</b>	· 			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00		
ba	ise rate	<u></u>		is shown in the boxes		ب ج			

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861								
BI	LOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
	ry-first	SUBSCRIBER GRC		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA 0			0	COMMUNITY/ ARE	۹		0	-
CALL SIGN	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	DSE of	
								Base Rat
								and
								Syndica
								Exclusiv
								Surcha
								for Dortic
						•		Partial Distar
								Station
otal DSEs			0.00	Total DSEs			0.00	
oross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	P	· · · · · · · · · · · · · · · · · · ·			ond oroup	·		
ase Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXT	Y-THIRD	SUBSCRIBER GRC	UP	SI	XTY-FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE				
		CALL SIGN		CALL SIGN		11		
CALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	
	DSE		DSE		DSE	CALL SIGN	DSE	
	DSE		DSE		DSE	CALL SIGN	DSE	
	DSE		DSE			CALL SIGN	DSE	
	DSE					CALL SIGN	DSE	
	DSE					CALL SIGN	DSE	
	DSE					CALL SIGN	DSE	
	DSE					CALL SIGN	DSE	
						CALL SIGN	DSE	
						CALL SIGN	DSE	
CALL SIGN						CALL SIGN	DSE	
						CALL SIGN	DSE	
						CALL SIGN	DSE	
						CALL SIGN	DSE	
						CALL SIGN		
otal DSEs			0.00	Total DSEs		CALL SIGN	0.00	
otal DSEs		\$		Total DSEs Gross Receipts Fou		S		
Total DSEs Gross Receipts Third Gr			0.00				0.00	
ipts Third Gr	oup		0.00		rth Group		0.00	
otal DSEs	oup		0.00	Gross Receipts Fou	rth Group	S	0.00	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861									
				TE FEES FOR EACH						
9		SUBSCRIBER GROU	XTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH			
Computat	0			COMMUNITY/ AREA	0	COMMUNITY/ AREA 0				
of	DSE	CALL SIGN DSE CALL SIGN DSE CALL SIGN		DSE	CALL SIGN DSE					
Base Rate										
and										
Syndicat										
Exclusiv										
Surcharg for										
Partiall										
Distant										
Station										
	0.00	++		Total DSEs	0.00	11	ļļ	otal DSEs		
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	bup	Bross Receipts First Gro		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	ase Rate Fee First Group \$ 0.00				
	JP	SUBSCRIBER GROU	ry-eighth	SIX	JP	SIXTY-SEVENTH SUBSCRIBER GROUP				
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
							+			
		+					<u> </u>			
							ļ			
				Total DSEs	0.00	otal DSEs 0.00				
	0.00					ross Receipts Third Group \$ 0.00				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Bross Receipts Third Gr		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861									
				TE FEES FOR EAC	H SUBSCR	IBER GROUP			
SIX COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	0 0	SEVENTIETH SUBSCRIBER GROUP			IP <b>0</b>	9	
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and Syndicated	
								Exclusivity	
								Surcharge	
								for	
							·····	Partially	
								Distant Stations	
								olutions	
Total DSEs	_ <u>_</u>		0.00	Total DSEs			0.00		
Gross Receipts First Gr	Gross Receipts First Group		0.00	Gross Receipts Second Group			0.00		
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Sec		SUBSCRIBER GROU	0.00		
	ITY-FIRST	SUBSCRIBER GRC		1					
COMMUNITY/ AREA	OMMUNITY/ AREA C			COMMUNITY/ ARE/	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
		0.00	Gross Receipts Fou	rth Group	\$	0.00			
	ioup	<u> </u>	0.00			÷			
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
				Ш					
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes	above.	\$			

SUBSCRIBER GROUP         Y-FOURTH SUBSCRIBER GROUP       0         DSE       CALL SIGN       DSE         A       A       A         DSE       CALL SIGN       DSE         A       A       A         A       A       <		LEGAL NAME OF OWNER OF CINCINNATI BELL EX						
0     9       DSE     CALL SIGN     DSE       DSE     CALL SIGN     DSE       Addition     of       Base Rate Fee     and       Syndicated     Exclusivity       Surcharge     for       Partially     Distant       Distant     Stations       Add Group     \$       0.00     \$       NTY-SIXTH SUBSCRIBER GROUP								
DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE         Base Rate Fee       and         Syndicated       Exclusivity         Surcharge       for         Partially       Distant         Distant       Stations         Md Group       \$       0.00         INTY-SIXTH SUBSCRIBER GROUP       0	SEVENTY-THIRD SUBSCRIBER GROUP							
DSE     CALL SIGN     DSE     of       Base Rate Fea     and     Syndicated       and     Syndicated     Exclusivity       Surcharge     for     Partially       Distant     Stations       and     Group     0.00       s     0.00       Intry-SIXTH SUBSCRIBER GROUP     0	OMMUNITY/ AREA 0							
and Syndicated Exclusivity Surcharge for Partially Distant Stations tations and Syndicated Exclusivity Surcharge for Partially Distant Stations	E	CALL SIGN D						
Syndicated Exclusivity Surcharge for Partially Distant Stations d Group \$ 0.00 NTY-SIXTH SUBSCRIBER GROUP 0								
Image: Sector in the sector								
Surcharge for Partially Distant Stations Distant Stations Distant Stations Distant Stations								
for Partially Distant Stations Stations								
Distant Stations								
Stations       Image: Station static state       Image: St								
Image: second								
nd Group s 0.00 nd Group s 0.00 INTY-SIXTH SUBSCRIBER GROUP 0								
nd Group s 0.00 nd Group s 0.00 INTY-SIXTH SUBSCRIBER GROUP 0								
nd Group s 0.00 nd Group s 0.00 INTY-SIXTH SUBSCRIBER GROUP 0								
nd Group s 0.00 nd Group s 0.00 INTY-SIXTH SUBSCRIBER GROUP 0								
nd Group s 0.00 nd Group s 0.00 INTY-SIXTH SUBSCRIBER GROUP 0								
nd Group s 0.00 nd Group s 0.00 INTY-SIXTH SUBSCRIBER GROUP 0								
INTY-SIXTH SUBSCRIBER GROUP		Total DSEs						
NTY-SIXTH SUBSCRIBER GROUP		Gross Receipts First Group						
NTY-SIXTH SUBSCRIBER GROUP		Base Rate Fee First Group						
0	<b>CT</b> 1							
DSE CALL SIGN DSE		COMMUNITY/ AREA						
	E	CALL SIGN D						
0.00	Total DSEs 0.0							
n Group <u>\$ 0.00</u>		Gross Receipts Third Group						
n Group \$ 0.00		Base Rate Fee Third Group						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861											
		BER GROUP	H SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	BLOCK A:	В				
9		SUBSCRIBER GROU			SEVENTY-SEVENTH SUBSCRIBER GROUP							
Computatio	0			COMMUNITY/ AREA	0	COMMUNITY/ AREA 0						
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
Base Rate F												
and												
Syndicate		 										
Exclusivit												
Surcharge												
Partially												
Distant												
Stations												
-												
	0.00			Total DSEs	0.00			Total DSEs				
	Gross Receipts Second Group \$ 0.00			0.00	\$	oup	Gross Receipts First Gro					
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	Base Rate Fee First Group \$ 0.00						
	IP	SUBSCRIBER GROU	EIGHTIETH		JP	SUBSCRIBER GROU	TY-NINTH	SEVEN				
	0	COMMUNITY/ AREA 0						COMMUNITY/ AREA				
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
		1										
]												
-												
	0.00			Total DSEs	0.00	Total DSEs 0.00						
	0.00	\$	h Group	Gross Receipts Fourt	0.00	Gross Receipts Third Group \$ 0.						

O       9         LL SIGN       DSE         ILL SIGN       ILL SIGN         ILL SIGN       DSE         ILL SIGN       ILL SIGN         Syndicated       Exclusivity         Surcharge       for         Partially       Distant         Stations       Stations         0.000       0.000         GRIBER GROUP       0	BER GROUP SUBSCRIBER GRC		TE FEES FOR EAC								
0     9       LL SIGN     DSE       of     Base Rate Fee       and     Syndicated       Exclusivity     Surcharge       for     Partially       Distant     Stations       0.00     0.00       0.00     0.00       GRIBER GROUP     0	SUBSCRIBER GRC	ITY-SECOND			COMPUTATION O	LOCK A:	E				
Computation       ULL SIGN     DSE       of       Base Rate Fea       and       Syndicated       Exclusivity       Surcharge       for       Partially       Distant       Stations       0.00       0.00       GRIBER GROUP       0			h	EIGHTY-FIRST SUBSCRIBER GROUP							
LL SIGN     DSE     of       Base Rate Feier     and       Syndicated       Exclusivity       Surcharge       for       Partially       Distant       Stations		4	COMMUNITY/ AREA	0	COMMUNITY/ AREA						
and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 0.00 0.00 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 0.00 0.00 0.00 0.00											
Exclusivity         Surcharge         for         Partially         Distant         Stations         0.00         0.00         0.00         0.00         SCRIBER GROUP         0											
Surcharge         for         Partially         Distant         Stations         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00											
for       Partially       Distant       Stations         0.00         0.00         0.00         0.00         0.00         0.00											
Partially Distant Stations 0.00 0.00 0.00 0.00 0.00 0.00											
Distant Stations											
Stations       0.00       0.00       0.00       0.00       0.00       0.00											
0.00 0.00 GCRIBER GROUP 0											
0.00 0.00 GCRIBER GROUP 0											
0.00 0.00 SCRIBER GROUP 0											
0.00 0.00 GCRIBER GROUP 0											
0.00 0.00 SCRIBER GROUP 0											
0.00 0.00 GCRIBER GROUP 0											
0.00 0.00 GCRIBER GROUP 0	11			0.00	1		T / 1005				
0.00 SCRIBER GROUP 0				0.00			Total DSEs				
SCRIBER GROUP	Gross Receipts Second Group \$ 0.00			0.00	\$	oup	Gross Receipts First Gr				
0	\$	ond Group	Base Rate Fee Seco	0.00	Base Rate Fee First Group \$ 0.00						
	SUBSCRIBER GRO	ITY-FOURTH	EIGH	UP	SUBSCRIBER GRO	TY-THIRD	EIGH				
LL SIGN DSE	COMMUNITY/ AREA 0				COMMUNITY/ AREA						
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
			T ( ) DOF	0.00			T ( ) DO5				
0.00			Total DSEs	0.00							
0.00	\$	rth Group	Gross Receipts Four	0.00	\$	roup	Gross Receipts Third G				
0.00	s	rth Group	Base Rate Fee Four	0.00	\$	roup	<b>Base Rate Fee</b> Third G				

LEGAL NAME OF OWNER			S, LLC			S	62861	Name
				TE FEES FOR EAC				
EIGH COMMUNITY/ AREA	ITY-FIFTH	SUBSCRIBER GRO	UP 0	EIGHTY-SIXTH SUBSCRIBER GROUP				9
			v	COMMUNITY/ ARE/	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
			<b></b>				•••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGHTY-	SEVENTH	SUBSCRIBER GRO	UP	EIG	HTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	COMMUNITY/ AREA 0				Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<b></b>					
						+	•••••	
							•••••	
Total DSEs	1		0.00	Total DSEs			0.00	
		0.00		rth Croup		0.00		
Gross Neceipis mild G	Jup	\$	0.00	Gross Receipts Fou	rai Gioup	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
se Rate Fee: Add th ter here and in block	e <b>base rate</b> 3. line 1 sr	e fees for each subsc	riber group a	II as shown in the boxes	above.	s		

LEGAL NAME OF OWNEF			ES, LLC			S	YSTEM ID# 62861	Name
				TE FEES FOR EA	CH SUBSCR	IBER GROUP		
EIGH COMMUNITY/ AREA	SUBSCRIBER GRC	0UP 0	NINTIETH SUBSCRIBER GROUP           COMMUNITY/ AREA         0				9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
ONLE OIGH	DOL	ONLE CIGIN	DOL	ONLE CIGIT	DOL		DOL	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
							···· ·	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Sec	cond Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRC	UP	NIN	ETY-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	COMMUNITY/ AREA 0				COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							····	
			••••				••••	
Total DSEs			0.00	Total DSEs			0.00	
		0.00	Gross Receipts Fou	irth Group	\$	0.00		
	Joup	<u>*</u>	0.00			<u>*</u>	5.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee For	irth Group	\$	0.00	
		<b>e fees</b> for each subso pace L (page 7)	criber group a	shown in the boxes	above.	s		

LEGAL NAME OF OWNER			S, LLC			S	YSTEM ID# 62861	Name
				TE FEES FOR EAC	HSUBSCR	IBER GROUP		
	TY-THIRD	SUBSCRIBER GRO		11		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
			<mark></mark>					Surcharge for
							•••••	Partially
								Distant
								Stations
			<mark></mark>				····	
			•••••••••••••••••••••••••••••••••••••••				•••••	
Total DSEs	_	u 	0.00	Total DSEs		++ 	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.00			0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Seco	ond Group	\$	0.00	
NINETY-FIFTH SUBSCRIBER GROUP				N	INETY-SIXTH	I SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	COMMUNITY/ AREA				COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<mark></mark>				<mark></mark>	
Total DSEs 0.		0.00	Total DSEs			0.00		
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
iroup <u>\$ 0.00</u> Gross Receip	\$     0.00       \$     0.00       \$     0.00   Base Rate For each subscriber group as shown in the	0.00 Gross Receip	Gross Receip Base Rate Fo	ee Four	rth Group			

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861								Name
				TE FEES FOR EAG				
NINETY-SEVENTH SUBSCRIBER GROUP				NINETY-EIGHTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
					•••••		•••••	for
								Partially
								Distant
								Stations
			••••				••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.0			0.00	Gross Receipts Second Group \$			0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Sec	ond Group	\$	0.00	
NINETY-NINTH SUBSCRIBER GROUP				ONE HUNDREDTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				•				
			····					
	<b>.</b>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fou	rtn Group	\$	0.00	
Base Rate Fee Third Group		\$	0.00	Base Rate Fee Fourth Group		\$	0.00	
		<b>e fees</b> for each subso pace L (page 7)	criber group a	II as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER			S, LLC			S	STEM ID# 62861	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EAC	HSUBSCR	IBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GROU	JP	ONE HUNDR	ED SECOND	SUBSCRIBER GROUP	þ	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		<b>9</b> Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	+		•					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRI	ED THIRD	SUBSCRIBER GROU	JP	ONE HUNDR	RED FOURTH	SUBSCRIBER GROUP	þ	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							•••	
							•••	
			•				···	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes	above.	\$		

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LEGAL NAME OF OWNER			ES, LLC			S	YSTEM ID# 62861	Name
				TE FEES FOR EAC				
	ED FIFTH	SUBSCRIBER GRO		ONE HUNI	9			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			<b>J</b> Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						 		and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
			···				····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED S	EVENTH	SUBSCRIBER GRO	UP	ONE HUNDF	RED EIGHTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	1		0.00	Total DSEs			0.00	
						•		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	in Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
tate Fee: Add the ere and in block 3			riber group a	II as shown in the boxes a	above.	\$		

FORM SA3E. PAGE	19.
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LEGAL NAME OF OWNER			S, LLC			S	YSTEM ID# 62861	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH				
	D NINTH	SUBSCRIBER GROU			RED TENTH	I SUBSCRIBER GROU	P 0	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
					•••			Surcharge
								for
								Partially
								Distant
								Stations
					•••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	P	1	) TWELVTH	I SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•••			
					•••			
					•••			
Total DSEs			0.00	Total DSEs		11	0.00	
					_			
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block (	b <b>ase rate</b> 3, line 1, sp	e fees for each subscri bace L (page 7)	ber group a	as shown in the boxes al	bove.	\$		

LEGAL NAME OF OWNER			S, LLC			S	62861	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	BER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GROU	P	ONE HUNDRED F	OURTEENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
							·····	Exclusivity
							•••••	Surcharge for
						+	•••••	Partially
								Distant
								Stations
							·····	
Total DSEs	<u> </u>	1	0.00	Total DSEs		11	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	•							
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GROU	P	ONE HUNDRED	O SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						+	•••••	
							•••••	
							·····	
							·····	
							•••••	
							•••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	loup	<u>*</u>	0.00			•	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes	above.	\$		

0 9 Computation SE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	SUBSCRIBER GROUP			BASE RA	COMPUTATION O		
Computation SE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant		HTEENTH					
Computation SE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant					SUBSCRIBER GRO	NTEENTH	ONE HUNDRED SEVE
SE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant			COMMUNITY/ AREA	0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant	CALL SIGN DS	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant	_						
Exclusivity Surcharge for Partially Distant							
Surcharge for Partially Distant							
for Partially Distant							
Distant	-						
Stations							
						<mark></mark>	
					1	•	
.00	0.0		Total DSEs	0.00			Total DSEs
.00	\$ 0.0	d Group	Gross Receipts Seco	0.00	<u>\$</u>	oup	Gross Receipts First Gr
.00	\$ 0.0	d Group	Base Rate Fee Seco	0.00	\$	oup	Base Rate Fee First Gr
	SUBSCRIBER GROUP	VENTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	NTEENTH	ONE HUNDRED NI
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN DS	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	-						
	-						
						<mark></mark>	
					1		
.00	0.0	-	Total DSEs	0.00	·······		Total DSEs
.00	\$ 0.0	Group	Gross Receipts Fourt	0.00	\$	roup	Gross Receipts Third G
.00	\$ 0.0	Group	Base Rate Fee Fourt	0.00	\$	roup	Base Rate Fee Third G

Name	62861				S, LLC	E SYSTEM: DED TERRITORIE		CINCINNATI BELL	
				TE FEES FOR EACH					
9		SUBSCRIBER GROUP	ITY-SECOND			SUBSCRIBER GRO	NTY-FIRST		
Computati	0			COMMUNITY/ AREA	0		COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate I									
and									
Syndicate		-							
Exclusivit									
Surcharg									
for Partially	•••••								
Distant	•••••								
Stations									
		Į.Į				Щ			
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First Gr	
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	oup	<b>Base Rate Fee</b> First Gr	
		SUBSCRIBER GROUP	ITY-FOURTH	ONE HUNDRED TWE		SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWE	
	0			COMMUNITY/ AREA	0		OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
					••••••••••••••••••••••••••••••••••••••				
		<b>_</b>				]			
					•				
	0.00			Total DSEs	0.00			Total DSEs	
			_						
	0.00	\$	n Group	Gross Receipts Fourt	0.00	\$	iroup	Gross Receipts Third G	
		1		11		1			

Name	62861				S, LLC			EGAL NAME OF OWNER
				TE FEES FOR EACH	BASE RA			
9		SUBSCRIBER GROUP	ENTY-SIXTH		^	SUBSCRIBER GROUP	NTY-FIFTH	
Jule Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate Exclusivit								
Surcharg						+		
for								
Partially		_						
Distant								
Stations								
		-						
		-						
	0.00			Total DSEs	0.00			Total DSEs
	Gross Receipts Second Group \$ 0.00					\$	oup	Gross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secor	0.00	\$	oup	Base Rate Fee First Gro
		SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE		SUBSCRIBER GROUP	-SEVENTH	NE HUNDRED TWENTY
	COMMUNITY/ AREA 0					IMUNITY/ AREA <b>0</b>		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						+		
		-						
	·····							
	0.00			Total DSEs	0.00	и 		Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Fotal DSEs Gross Receipts Third Gr

	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861										
		BER GROUP	SUBSCRI	TE FEES FOR EAC	F BASE RA	COMPUTATION C	BLOCK A:	E			
9		SUBSCRIBER GROUP	D THIRTIETH	ONE HUNDRE	>	SUBSCRIBER GROU	NTY-NINTH	ONE HUNDRED TWE			
-	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
Computatio	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate I	DOL	O/ ILL OIOIN	DOL	ON LE OIOIN	DOL	ONLE CIGIT	DOL	ONLE CICIT			
and											
Syndicate											
Exclusivit											
Surcharg											
for											
Partially Distant			•••				•••••••••••••••••••••••••••••••••••••••				
Stations		-	•••			+	•••••••••••••••••••••••••••••••••••••••				
			<mark></mark>				<mark></mark>				
	0.00			Total DSEs	0.00			Total DSEs			
	Gross Receipts Second Group \$ 0.00				\$ 0.00		oup	Gross Receipts First Gr			
	0.00	\$	id Group	Base Rate Fee Seco	0.00	\$	oup	<b>Base Rate Fee</b> First Gr			
		SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROU	RTY-FIRST	ONE HUNDRED THI			
	0	COMMUNITY/ AREA 0				REA 0					
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
		-									
			•								
1			<b></b>			+	•				
1											
		<b>_</b>				<b>]</b>					
							<mark></mark>				
			<mark></mark>				<mark></mark>				
			•••								
1	0.00			Total DSEs	0.00			Total DSEs			
	0.00	\$	Group	Gross Receipts Fourt	0.00	\$	roup	Gross Receipts Third G			
	0.00	\$	n Group	Base Rate Fee Fourt	0.00	\$	roup	Base Rate Fee Third G			

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861											
B	LOCK A:	COMPUTATION C	DF BASE RA	TE FEES FOR EA	CH SUBSCR	IBER GROUP					
ONE HUNDRED THIF	ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP										
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of			
								Base Rate Fee			
								and			
								Syndicated			
								Exclusivity			
							·····	Surcharge for			
			••••					Partially			
								Distant			
								Stations			
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First Gro	oup	\$ 0.00		Gross Receipts Second Group \$ 0.00							
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00				
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP					
COMMUNITY/ AREA	AREA 0			COMMUNITY/ AREA 0							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00				
				11							
Base Rate Fee: Add the	e base rate	<b>e fees</b> for each subs pace L (page 7)	criber group a	as shown in the boxes	above.						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861										
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION C	LOCK A:	В			
0	JNDRED THIRTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP										
<b>9</b> Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate											
and		-									
Syndicat											
Exclusiv											
Surcharg											
for Partially											
Distant	••••••										
Station	•••••					+					
					<mark></mark>						
			1								
	0.00			Total DSEs	0.00			otal DSEs			
	Gross Receipts Second Group \$ 0.00				0.00	\$	oup	iross Receipts First Gro			
	0.00	\$	d Group	Base Rate Fee Secor	0.00	\$	oup	<b>ase Rate Fee</b> First Gro			
	JP	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED	)	SUBSCRIBER GROUP	RTY-NINTH	ONE HUNDRED THIF			
	0	COMMUNITY/ AREA 0				IUNITY/ AREA 0					
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	•••••					+					
	•••••										
	•••••				<b></b>						
					<mark></mark>						
					<mark></mark>						
	·····				<mark></mark>						
	0.00		<b>.</b>	Total DSEs	0.00			otal DSEs			
	0.00	•	0								
	0.00	\$	Group	Gross Receipts Fourth	0.00	<u>&gt;</u>	roup	Bross Receipts Third G			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861										
BL	OCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	HSUBSCR	IBER GROUP				
	NDRED FORTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP									
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
						 		and		
								Syndicated		
								Exclusivity Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Second Group \$ 0.00						
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Seco		\$	0.00			
	TY-THIRD	SUBSCRIBER GROUP		1		I SUBSCRIBER GROUP				
COMMUNITY/ AREA	NITY/ AREA 0			COMMUNITY/ AREA	0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs			0.00	Total DSEs	-		0.00			
Gross Receipts Third Gro	מוור	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
Cross Receipts Third Git	- up	<u>*</u>	0.00		aronup	¥ [	0.00			
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
<b>se Rate Fee:</b> Add the ter here and in block 3			riber group a	II as shown in the boxes	above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861											
E	BLOCK A:	COMPUTATION (	DF BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP					
	RTY-FIFTH	SUBSCRIBER GROU	UBSCRIBER GROUP ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP								
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	SIGN DSE CALL SIGN DSE						
								Base Rate Fee			
								and			
								Syndicated Exclusivity			
	•••		••••					Surcharge			
								for			
								Partially			
								Distant			
	•••						••••••	Stations			
		11	0.00			11					
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00				
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00				
ONE HUNDRED FORT	-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED F							
COMMUNITY/ AREA	IMUNITY/ AREA 0			COMMUNITY/ AREA 0							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	••••										
	••••										
	•••						•••••				
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00				
Base Rate Fee Third G	Froup	e	0.00	Base Rate Fee Fou	uth Group	\$	0.00				
		\$	0.00			Ψ	0.00				
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes	above.	\$					

LEGAL NAME OF OWNEF			S, LLC			5	62861	Name
		COMPUTATION OF						
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GROU		ONE HUNDRED FIFTIETH SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Currelise to d
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
		]						
			ļ			1		
Total DSEs			0.00	Total DSEs	0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FI	FTY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		1						
Total DSEs	•	·······	0.00	Total DSEs		··	0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш		<b></b>		
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CINCINNATI BELL EX			S, LLC			S	YSTEM ID# 62861	Name	
				TE FEES FOR EAC					
ONE HUNDRED FIFTY-	THIRD S	SUBSCRIBER GROU		ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP				9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	COMMUNITY/ AREA 0				
CALL SIGN [	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
	·····							for	
								Partially	
								Distant	
								Stations	
	······								
	[								
Total DSEs	-		0.00	Total DSEs			0.00		
Gross Receipts First Group	-	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group		\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED FIFTY-	FIFTH S	SUBSCRIBER GROU	Р	ONE HUNDRED	FIFTY-SIXTH	I SUBSCRIBER GROL	IP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0				
CALL SIGN E	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
							····		
	·····								
							····		
Total DSEs			0.00	Total DSEs			0.00		
			0.00	Gross Receipts Fou	rth Group	¢	0.00		
Cross Receipts Third Group	- -	\$	5.00		iai Oloup	\$	0.00		
Base Rate Fee Third Group	D :	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Fee: Add the ba	iso rato	fees for each subscri	ber group :	as shown in the boxes	above				

LEGAL NAME OF OWNER O			S, LLC				SYSTEM ID# 62861	Name
				TE FEES FOR EAC	HSUBSCR	IBER GROUP		
ONE HUNDRED FIFTY-SE	VENTH	SUBSCRIBER GROUP		ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA	OMMUNITY/ AREA 0				A		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
						•		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIFT	-NINTH	SUBSCRIBER GROUP		ONE HUND	RED SIXTIETH	SUBSCRIBER GROUP	)	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			···					
						·		
otal DSEs			0.00	Total DSEs			0.00	
		0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third Grou	р	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	roto	-		as shown in the boxes				

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861								Name
E		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		IBER GROUP ) SUBSCRIBER GROL	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
								and Syndicated
					•••••		•••••	Exclusivity
								Surcharge
								for Partially
					•••••			Distant
								Stations
							·····	
							•••••	
Total DSEs		l	0.00	Total DSEs		11	0.00	
Gross Receipts First Gr	oup	<u>\$ 19,827</u>	,924.66	Gross Receipts Seco	na Group	\$ 1,9	912,420.60	
Base Rate Fee First Gr	Base Rate Fee First Group \$ 0.00			Base Rate Fee Seco	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•••••		•••••	
							•••••	
Total DSEs	Total DSEs 0.00		0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourt	h Group	\$	6,654.41	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				<u>11</u>				
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes a	above.	\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861								Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9		
							Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
					<mark></mark>			Distant
					<mark></mark>			Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr				Gross Receipts Second Group \$			0.00	
	F		,			· <u>·</u>		
Base Rate Fee First Gr	Base Rate Fee First Group \$ 0.00			Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	JP	EIGHTH SUBSCRIBER GROUP			JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<mark></mark>			
					·····			
					•••••••••••••••••••••••••••••••••••••••			
					<mark></mark>			
Total DSEs			0.00	Total DSEs			0.00	
				Crow				
Gross Receipts Third G	roup	<u>ه</u>	0.00	Gross Receipts Fourth	Group	<u>۵</u>	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWN			ES, LLC				62861	Name
	BLOCK A	COMPUTATION (	OF BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	NINTH	I SUBSCRIBER GRO	DUP		TENT	H SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
		•						Surcharge for
		•						Partially
		•						Distant
								Stations
		•						
		•						
Total DSEs	•		0.00	Total DSEs			0.00	
	Crown	<u></u>	0.00			\$ 0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	ELEVENTH	I SUBSCRIBER GRO	DUP		TWELVT	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		•						
		•						
		•						
							•••••	
					•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				11				
			criber group a	as shown in the boxes a	above.			
Enter here and in blo	ыск э, IIПС 1, S	space ∟ (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861								Name
	BLOCK A	: COMPUTATION	OF BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	THIRTEENTH	SUBSCRIBER GRO	OUP	F	OURTEENT	H SUBSCRIBER GRO	UP	•
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	0	9		
	Dee		Dee		Dee		Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
		•						Partially Distant
		•						Stations
								•••••••
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	Gross Receipts First Group \$ 0.0		0.00	Gross Receipts Second Group \$ 0.0			0.00	
Base Rate Fee Firs	Base Rate Fee First Group \$ 0.00			Base Rate Fee Sec	ond Group	\$	0.00	
	FIFTEENTH	SUBSCRIBER GRO	OUP		SIXTEENT	H SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	c		
	UUK 3, IIIIE 1, S	space L (page /)				ð		

LEGAL NAME OF OW		LE SYSTEM: DED TERRITORI	ES, LLC				62861	Name
	BLOCK A	COMPUTATION	OF BASE RA	ATE FEES FOR EAC		RIBER GROUP		
SE	VENTEENTH	I SUBSCRIBER GRO	DUP	E	EIGHTEENTI	H SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	۹		0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
	•••••	··						for Partially
								Distant
								Stations
		-11	0.00		ļ	_ <u> </u> _	0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	NINTEENTH	SUBSCRIBER GRO	DUP		TWENTIET	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		**						
							•••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				11				
			criber group a	as shown in the boxes	above.			
Enter here and in blo	ock 3, line 1, s	space ∟ (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861								Name
	BLOCK A:	COMPUTATION OI	BASE RA	TE FEES FOR EAC		RIBER GROUP		
TWE	NTY-FIRST	SUBSCRIBER GROU		TWEN	ITY-SECONI	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				<b>J</b> Computation
CALL SIGN	DSE	CALL SIGN D		CALL SIGN	CALL SIGN DSE CALL SIGN DSE			
	DOL	ONLE CICIL	DOL	OT LE OTOTA	DOL		DOL	of Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	\$	0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWEN	ITY-THIRD	SUBSCRIBER GROU	JP	TWEN	NTY-FOURTH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		+						
Total DSEs		II	0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
- ip		·				. <u>.</u>		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	as snown in the boxes :	adove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861									
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC		RIBER GROUP			
TWE	NTY-FIFTH	SUBSCRIBER GROU		TW	ENTY-SIXT	H SUBSCRIBER GRO	UP	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
	DOL	ON LE OIGIN	DOL	ONLE OIGH	DOL		DOL	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially Distant	
								Stations	
		+			•••••			otationo	
		]							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
TWENTY	-SEVENTH	SUBSCRIBER GROU	JP	TWE	NTY-EIGHTH	H SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					•••••				
		<b>_</b>							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add t			riber group a	as shown in the boxes	above.				
Enter here and in bloc	к 3, line 1, s	pace L (page 7)				\$			

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861									
	BLOCK A	COMPUTATION	DF BASE RA	ATE FEES FOR EAC		RIBER GROUP			
TWE	ENTY-NINTH	I SUBSCRIBER GRO	DUP		THIRTIET	H SUBSCRIBER GRO	UP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	۹ 		0	9	
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
		•						Stations	
		1							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00				Gross Receipts Seco	and Group	\$	0.00		
	oreap	÷			ond Oroup	÷			
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00		
TH	IRTY-FIRST	SUBSCRIBER GRO	DUP	THIR	TY-SECON	D SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		•							
		•							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
	Croup				0.000	<u>*</u>	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	adove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861									
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC		RIBER GROUP			
	RTY-THIRD	SUBSCRIBER GROU		11		H SUBSCRIBER GRO	UP	9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity Surcharge	
		+						for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First 0	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		
TH	IRTY-FIFTH	SUBSCRIBER GROU	JP	Т	HIRTY-SIXTI	H SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		+							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add t			riber group a	u as shown in the boxes	above.				
Enter here and in bloc	k 3, line 1, s	pace L (page 7)				\$			

LEGAL NAME OF OWNE			S, LLC			:	SYSTEM ID# 62861	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
THIRTY-	SEVENTH	SUBSCRIBER GROU	IP	THI	IRTY-EIGHTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	DOL	UALL DIGIN	DOL	CALL SIGN	DOL		DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Doutinity
								Partially Distant
								Stations
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GROU	IP		FORTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							••••••	
							••••••	
Total DSEs		1	0.00	Total DSEs		11	0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		<u>L'</u>			Г	L <u>*</u>		
<b>Base Rate Fee:</b> Add th Enter here and in block			iber group a	as shown in the boxes	above.	s		
	e, into 1, 5					<b>*</b>		

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861									
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAG	CH SUBSCR	IBER GROUP			
FOF	RTY-FIRST	SUBSCRIBER GROU	JP	FOF	RTY-SECONE	SUBSCRIBER GRO	UP	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
	DOL		DOL	CALL OIGH	DOL		DOL	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for Derticily	
								Partially Distant	
								Stations	
		Щ				11			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
FOF	RTY-THIRD	SUBSCRIBER GROU	JP	FOI	RTY-FOURTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		+							
		+							
		]							
		+							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00		
				11					
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes	above.	s			
	,					*			

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861								
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAG		RIBER GROUP		
FC	DRTY-FIFTH	SUBSCRIBER GRO	UP	F	ORTY-SIXTI	H SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	DOL	CALL DIGIN	DOL		DOL		DOL	Base Rate Fe
								and
								Syndicated
								Exclusivity
		<b>.</b>						Surcharge
								for
								Partially
								Distant Stations
		+						Stations
		1						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
-								
Base Rate Fee First Group \$ 0.00		0.00	Base Rate Fee Sec	ond Group	\$	0.00		
FORT	Y-SEVENTH	SUBSCRIBER GRO	UP	FC	RTY-EIGHT	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		+						
		<b>.</b>						
							·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	1-	·				·		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				
<b>Base Rate Fee:</b> Add t Enter here and in bloc			criber group a	as shown in the boxes	above.	\$		
	.,,.,	· (F=-3= · /						

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861								
	BLOCK A:	COMPUTATION O	OF BASE RA	ATE FEES FOR EAG		RIBER GROUP		
FC	ORTY-NINTH	SUBSCRIBER GRO	DUP		FIFTIETH	H SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		Dee	Computation of
CALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								•••••••
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIFTY-FIRST	SUBSCRIBER GRO	DUP	FI	FTY-SECONI	D SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
					-			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				U				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	s		
	.,	· (F-32 · /						

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861									
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC		RIBER GROUP			
FIF	TY-THIRD	SUBSCRIBER GROU	JP	FI	FTY-FOURTH	H SUBSCRIBER GRO	UP	•	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	۹		0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
	DOL	ONLE OIGH	DOL	ONLE OIGH	DOL		DOL	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially Distant	
	•••							Stations	
	•••	+						otatione	
		1							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
FI	FTY-FIFTH	SUBSCRIBER GROU	JP		FIFTY-SIXTH	H SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	۹		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		+							
	•••								
	•••	1							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add th			iber group a	as shown in the boxes	above.	\$			
Enter here and in block	5, iirie 1, S	pace L (page /)				4			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861								
	BLOCK A	COMPUTATION	OF BASE RA	ATE FEES FOR EAC		RIBER GROUP		
FIF	TY-SEVENTH	I SUBSCRIBER GRO	OUP	F	IFTY-EIGHT	H SUBSCRIBER GRO	UP	•
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatior of
CALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	Base Rate Fe
		•						and
								Syndicated
								Exclusivity
								Surcharge
								for
		•						Partially Distant
		•						Stations
								•••••••
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIFTY-NINTH	I SUBSCRIBER GRO	OUP		SIXTIET	H SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		•						
		•					•••••••	
		•	•••••					
		•						
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	-				·			
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				
Base Rate Fee: Ade			criber group a	as shown in the boxes	above.	\$		
		(P~33')				· ·		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861									
	BLOCK A:	COMPUTATION O	BASE RA	ATE FEES FOR EAC		RIBER GROUP			
SI	XTY-FIRST	SUBSCRIBER GROU		11		D SUBSCRIBER GRO	UP	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	•		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
								Stations	
			•						
			<b>.</b>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00		
SIX	(TY-THIRD	SUBSCRIBER GROU	JP	SIX	(TY-FOURTH	H SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add th			riber group a	as shown in the boxes :	above.				
Enter here and in block	: 3, line 1, s	pace L (page 7)				\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861									
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
S	SIXTY-FIFTH	SUBSCRIBER GRO	DUP		SIXTY-SIXTI	H SUBSCRIBER GRO	UP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	۹		0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DGL		DGL	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant Stations	
								Stations	
		1							
		1							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
	- 1	· ·			- 1	<u>.</u>			
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SIXT	Y-SEVENTH	I SUBSCRIBER GRO	DUP	S	IXTY-EIGHTI	H SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	۹		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		1							
Total DSEs			0.00	Total DSEs		. <u></u>	0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	s	0.00		
	12	·			· - · 2 ala	·			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
				U					
Base Rate Fee: Add t Enter here and in bloc			criber group a	as shown in the boxes	above.	\$			

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861								
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				H SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
			••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
	·				·			
Base Rate Fee First Group \$ 0.00		0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SEVI	ENTY-FIRST	SUBSCRIBER GRO	OUP	SEVEN	NTY-SECONI	D SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			••••					
			••••					
		1						
			••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloc			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861								Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC		RIBER GROUP		
SEVENTY-THIRD SUBSCRIBER GROUP				SEVENTY-FOURTH SUBSCRIBER GROUP				0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	۹		0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
							•••••••••••••••••••••••••••••••••••••••	Surcharge for
								Partially
								Distant
								Stations
		+	····					
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Second Group \$ 0.00				
-	- 1	·			- 1			
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	0.00			
SEVI	ENTY-FIFTH	SUBSCRIBER GRO	UP	SEV	ENTY-SIXTI	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<b>.</b>						
·····		<u> </u>						
Total DSEs		0.00		Total DSEs		0.00		
Gross Receipts Third Group		<u>\$ 0.00</u>		Gross Receipts Fourth Group \$		\$	0.00	
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Four	\$	0.00		
				11				
Base Rate Fee: Add Enter here and in bloo			riber group a	as shown in the boxes	above.	\$		
	5x 0, iii e 1, S	pave L (paye 1)				φ		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			:	SYSTEM ID# 62861	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	HSUBSCR	IBER GROUP		
SEVENTY-SEVENTH SUBSCRIBER GROUP				SEVENTY-EIGHTH SUBSCRIBER GROUP				0
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	DOL	UALL DIGIN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
						•		for Doutinity
						•		Partially Distant
								Stations
							·····	
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	0.00			
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	0.00			
SEVEN	TY-NINTH	SUBSCRIBER GROU	IP		EIGHTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						·		
Total DSEs		II	0.00	Total DSEs		···	0.00	
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group \$ 0.0			0.00	
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group \$			0.00	
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group Enter here and in block 3, line 1, space L (page 7)				as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861								Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCR	IBER GROUP		
EIGHTY-FIRST SUBSCRIBER GROUP				EIGHTY-SECOND SUBSCRIBER GROUP				•
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	DOL	ONLE OIGH	DOL		DOL		DOL	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge for
	+							Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Secor	0.00			
Gross Receipts First Gro	Jup	\$	0.00	Gloss Receipts Secol	id Group	\$ 0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secor	0.00			
EIGH	ry-third	SUBSCRIBER GROU	IP	EIGHT	Y-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
·····	<u> </u>							
Total DSEs		0.00		Total DSEs		0.00		
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group \$		\$	\$ 0.00	
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group \$		\$	0.00	
				Ш				
Base Rate Fee: Add the								

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861									
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC					
EIGH	HTY-FIFTH	SUBSCRIBER GROU		EI	IGHTY-SIXTI	H SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	-	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		Dee	Computation of	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fe	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially Distant	
	••••							Stations	
	•••	+						otations	
	<b></b>	1							
		]							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00		0.00	Base Rate Fee Seco	ond Group	\$	0.00			
EIGHTY-	SEVENTH	SUBSCRIBER GROU	JP	EIG	HTY-EIGHTH	H SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		+							
	<mark></mark>		<mark></mark>						
	···								
		1							
		]							
	<mark></mark>								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00		
			]						
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	rth Group	\$	0.00			
				U					
Base Rate Fee: Add th			riber group a	as shown in the boxes	above.				
Enter here and in block	3, line 1, s	pace L (page 7)				\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861									
	BLOCK A	COMPUTATION	OF BASE RA	ATE FEES FOR EAC		RIBER GROUP			
EIG	GHTY-NINTH	I SUBSCRIBER GRO	OUP		NINTIETH	H SUBSCRIBER GRO	UP	•	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatior of	
ONEL OIOIT	DOL		DOL				DOL	Base Rate Fe	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
		•						Partially	
		•						Distant Stations	
								otations	
		•							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00		0.00	Base Rate Fee Sec	ond Group	\$	0.00			
NI	INETY-FIRST	SUBSCRIBER GRO	OUP	NINE	ETY-SECON	D SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	۹ 		0	COMMUNITY/ ARE/	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		•							
		•							
		•							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	s	0.00		
		·			- · ŀ	·			
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00			
				11					
Base Rate Fee: Add Enter here and in blo			scriber group a	as shown in the boxes	above.	s			
		pace L (paye 1)				φ			

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861									
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC		RIBER GROUP			
	ETY-THIRD	SUBSCRIBER GROU		11		H SUBSCRIBER GRO	UP	9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity Surcharge	
		+						for	
								Partially	
								Distant	
								Stations	
			•						
		1	•						
		]							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
NIN	ETY-FIFTH	SUBSCRIBER GROU	JP	N	INETY-SIXTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		+	•						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add th	hase ret	a face for each subset	iber group (	II	above				
Enter here and in block						\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861								
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC		RIBER GROUP		
NINETY	-SEVENTH	SUBSCRIBER GRO		NIN	IETY-EIGHTI	H SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	DOL	OF ILLE OF OF I	DOL	ONLE OIOIT	002		DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
		+						Distant
						=		Stations
			<mark></mark>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	ETY-NINTH	SUBSCRIBER GRO	JP	ONE I	HUNDREDTI	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	۹		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		+						
		+						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	<b>- P</b>	·			h	- <del>-</del>		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				и				
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861								
				ATE FEES FOR EAC				
ONE HUNDF COMMUNITY/ AREA	RED FIRST	SUBSCRIBER GROU	JP 0	ONE HUNDR		D SUBSCRIBER GRO	UP 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Bass Data Fas
								Base Rate Fee and
	•••							Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								oluliono
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GROU	JP	ONE HUNDR	ED FOURTH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
·····		<u> </u>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th			iber group a	u as shown in the boxes :	above.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861									
E	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP			
ONE HUNDR	ED FIFTH	SUBSCRIBER GROU	IP	ONE HUND	RED SIXTH	I SUBSCRIBER GROU	IP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
	DOL	ONLE OIGH	DOL	O/LEE OIGH	DOL		DOL	Base Rate Fe	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
								Stations	
					<mark>.</mark>		•••••		
Total DSEs	•	•	0.00	Total DSEs	-		0.00		
	Bross Receipts First Group \$ 0.00			Gross Receipts Secon	d Group	\$	0.00		
		0.00	Gloss Receipts Secon	u Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRE	ED EIGHTH	I SUBSCRIBER GROU	IP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					<mark></mark>		•••••		
	<b>.</b>				<mark></mark>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes at	oove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861									
				ATE FEES FOR EAC	H SUBSCF	RIBER GROUP			
ONE HUND	DRED NINTH	SUBSCRIBER GRO	UP	ONE HUND	RED TENTI	H SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
	DOL		DOL	ONLE CIGIN	DOL		DOL	Base Rate Fe	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
		+	<mark></mark>					Partially	
		+						Distant	
								Stations	
			<mark></mark>						
			<mark></mark>						
			<mark></mark>				·····		
		+							
		1							
Total DSEs			0.00	Total DSEs			0.00		
	Gross Receipts First Group \$ 0.00					•			
Gross Receipts First			0.00	Gross Receipts Seco	ona Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
ONE HUNDRED	ELEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVT	H SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		1				=			
							•••••••••••••••••••••••••••••••••••••••		
		]							
			<mark></mark>						
			<mark></mark>						
			<mark></mark>						
			<b></b>						
·····		<u> </u>		·····					
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			riber group a	as shown in the boxes a	above.	\$			
	ok 0, iirie 1, S	pace L (page / )				Ψ			

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861									
-		COMPUTATION OI SUBSCRIBER GROU				RIBER GROUP H SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	۹		0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
	IFTEENTH	SUBSCRIBER GROU				H SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes	above.	\$			
	, ., <b>.</b>								

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861											
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	ISUBSCR	IBER GROUP					
		SUBSCRIBER GROUP		H		I SUBSCRIBER GROUP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation			
	DSE		Dee		Dee		Dee				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee			
								and			
								Syndicated Exclusivity			
								Surcharge for			
								Partially Distant			
				·				Stations			
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Secon	Gross Receipts Second Group \$ 0.00							
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00				
ONE HUNDRED NIN COMMUNITY/ AREA	ITEENTH	SUBSCRIBER GROU	P <b>0</b>	ONE HUNDRED T	[WENTIETH	I SUBSCRIBER GROUF	⊃ 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
							···				
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00				
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00				
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes a	bove.	\$					

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CINCINNATI BELL EXTENDED TERRITORIES, LLC     62861										
Е	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC		RIBER GROUP				
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWE	ENTY-SECONI	D SUBSCRIBER GROUP	)	•		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	9 Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fe		
								and		
								Syndicated		
							·····	Exclusivity		
								Surcharge for		
	•							Partially		
								Distant		
	•					**		Stations		
						••••				
	I									
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWI	ENTY-FOURTI	H SUBSCRIBER GROUP	)			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	•					•••				
	•									
	. <b>.</b>									
	. <mark>.</mark>									
	•						•••••			
	•									
	•			1		*				
Total DSEs	•		0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	s	0.00	Gross Receipts Fou	rth Group	\$	0.00			
	Jup	¥	5.00		an Group	Ψ	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			ber group a	II shown in the boxes	above.	\$				

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861										
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP				
ONE HUNDRED TW	ENTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TV	VENTY-SIXTH	SUBSCRIBER GROUP		0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL GION	DOL	CALL SIGN	DOL		DOL		DOL	Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
							·····	for Partially		
								Distant		
								Stations		
							·····			
							····· ··			
			0.00		4	11	0.00			
Total DSEs			0.00	Total DSEs						
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	nd Group	\$	0.00				
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
ONE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
							••••••			
							····· ··			
							·····			
Total DSEs		L	0.00	Total DSEs			0.00			
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00			
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00			
			ber group a	as shown in the boxes a	above.					
Enter here and in block	. J, III e I, S	ace L (page /)				φ				

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CINCINNATI BELL EXTENDED TERRITORIES, LLC62861										
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP				
ONE HUNDRED TWEN				П		SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
	DSE		Dee		Dee		Dee			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee		
								and		
								Syndicated Exclusivity		
								Surcharge for		
								Partially Distant		
								Stations		
				·						
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00			
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
							···			
							•••			
				· · · · · · · · · · · · · · · · · · ·						
Total DSEs			0.00	Total DSEs	0		0.00			
Gross Receipts Third Gr	oup	<u>\$</u>	0.00	Gross Receipts Fourth	Group	<u>ې</u>	0.00			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes a	bove.	\$				

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER			S, LLC			S	YSTEM ID# 62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GROUP		11		I SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	DOL		DOL	CALL SIGN	DOL		DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED THIR	TY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED TH	IRTY-SIXTH	I SUBSCRIBER GROUP	D	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					••••			
					••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	n shown in the boxes a	bove.	\$		

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER			S, LLC			S	YSTEM ID# 62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY-				The second secon		I SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE			DSE	of
	DOL		DOL	ONLE OIGH	DOL	ONLE CIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU	P	ONE HUNDRED	FORTIETH	I SUBSCRIBER GROUP	c	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	II as shown in the boxes a	bove.	\$		

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER			S, LLC			SI	STEM ID# 62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-SECONE	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
	DOF		DOF				DOF	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
							••• •••••	Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
							<mark></mark>	
Total DSEs	<u> </u>		0.00	Total DSEs		1	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-FOURTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<b> </b>						···	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	II	bove.	\$		

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER			S, LLC			S	YSTEM ID# 62861	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROUP		11		SUBSCRIBER GROUP		-
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DGL	CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN	DOL	Base Rate Fee
					••••			and
								Syndicated
					••••		···	Exclusivity
					••••			Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					••••			
					••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	II as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE			S, LLC			5	62861	Name
				ATE FEES FOR EAC	H SUBSCR	RIBER GROUP		
ONE HUNDRED FO	RTY-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRE	ED FIFTIETH	H SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSL	CALL SIGN	DGL		DSL		DGL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
	•••••				•••••			for Partially
								Distant
								Stations
Total DSEs	•		0.00	Total DSEs	•		0.00	
		<u>^</u>	0.00		nd Crown	•		
Gross Receipts First C	Foup	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED F	IFTY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIF	TY-SECONI	D SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						=		
	•••••				•••••		•••••	
			<b> </b>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
			iber group a	II as shown in the boxes a	above.			
Enter here and in bloc	к 3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWN CINCINNATI BEL		E SYSTEM: DED TERRITORIE	S, LLC			Ę	62861	Name
				ATE FEES FOR EAC				
ONE HUNDRED F	IFTY-THIRD	SUBSCRIBER GROU	JP	ONE HUNDRED FIF	TY-FOURT	H SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	۱ 		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		DGE	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
		+						otations
		+						
		]						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED	FIFTY-SIXTI	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	\ 		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		1						
					•••••			
		1						
		]						
	•••••	+			•••••		•••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
		·			<b>P</b>			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			iber group a	as shown in the boxes a	above.	\$		
1		· ·						

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER			6, LLC			S	YSTEM ID# 62861	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FIFTY-				11		I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DRE	CALL SIGN	Dee	CALL SIGN	Dee	CALL SIGN	Dee	of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
					····		··· ·	Syndicated
								Exclusivity
							•••• ••••••	Surcharge
							•••• ••••••	for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIFT	Y-NINTH	SUBSCRIBER GROU	P	ONE HUNDRE	D SIXTIETH	I SUBSCRIBER GROUI	C	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<b> </b>				····		··· ·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes a	bove.	\$		

		FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market	
Computation of Base Rate Fee	INSTRUCTIONS:	Second 50 major television market
and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul>	or the VHF Grade B contour stations that were classified as zero. DSEs used to compute the surcharge.
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 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 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
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group	Line 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	subject to the surcharge computation
	SURCHARGE Third Group \$ -	SURCHARGE Fourth Group \$ 0
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
<b>9</b> Computation	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	
of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge formation of the surcharge for each subscriber group using the formation of the surcharge formation o</li></ul>	cial VHF Grade B contour stations listed in block A, part 9 of or the VHF Grade B contour stations that were classified as zero. DSEs used to compute the surcharge.
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	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 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
		EIGHTH SUBSCRIBER GROUP
	SEVENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861
		SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9 Computation of Base Rate Fee and Syndicated Exclusivity	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commer this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for	he station is not exempt in Part 7, you must also compute a ket any portion of your cable system is located in as defined Second 50 major television market cial VHF Grade B contour stations listed in block A, part 9 of or the VHF Grade B contour stations that were classified as
Surcharge for Partially Distant Stations	<ul> <li>Exempt DSEs in block C, part 7 of this schedule. If none enter</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul>	f DSEs used to compute the surcharge.
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 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 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
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP
	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	Line 1: Enter the VHF DSEs
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	

	· · · · · · · · · · · · · · · · · · ·	FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce	
Syndicated Exclusivity	this schedule. <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for	or the VHE Grade B contour stations, that were classified as
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter	
for Deutieller	Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for	
Partially Distant Stations		res applicable to the particular group. You do not need to show
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	
	SURCHARGE First Group	SURCHARGE Second Group
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
<b>9</b> Computation 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 th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for	the station is not exempt in Part 7, you must also compute a tet any portion of your cable system is located in as defined Second 50 major television market cial VHF Grade B contour stations listed in block A, part 9 of the VHF Grade B contour stations that were classified as r zero. f DSEs used to compute the surcharge.
	SEVENTEENTH SUBSCRIBER GROUP	EIGHTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs           Line 2: Enter the Exempt DSEs	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 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
	First Group	Second Group
	NINEENTH SUBSCRIBER GROUP	TWENTYTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	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 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

	· · · · · · · · · · · · · · · · · · ·	FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	· · ·
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce	
Syndicated	this schedule.	
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	
Surcharge for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figur your actual calculations on this form.	ormula outlined in block D, section 3 or 4 of part 7 of this res applicable to the particular group. You do not need to show
	TWENTY-FIRST SUBSCRIBER GROUP	TWENTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	Surcharge Second Group
	TWENTY-THIRD SUBSCRIBER GROUP	TWENTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

	-	FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID#
	,	62861
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market	
Computation of Base Rate Fee	by section 76.5 of FCC rules in effect on June 24, 1981:	Second 50 major television market
and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul>	or the VHF Grade B contour stations that were classified as zero. DSEs used to compute the surcharge. ormula outlined in block D, section 3 or 4 of part 7 of this
	TWENTY-FIFTH SUBSCRIBER GROUP	TWENTY-SIXTH SUBSCRIBER GROUP
	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	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 First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	TWENTY-SEVENTH SUBSCRIBER GROUP	TWENTY-EIGHTH SUBSCRIBER GROUP
	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	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	this subscriber group subject to the surcharge computation
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

		FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commer	
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group f Exempt DSEs in block C, part 7 of this schedule. If none enter Step 2, subtract line 2 form line 1. This is the total numbers	r zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the f</li> <li>schedule. In making this computation, use gross receipts figure</li> <li>your actual calculations on this form.</li> </ul>	
	TWENTY-NINTH SUBSCRIBER GROUP	THIRTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
		computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	First Group	Second Group
	THIRTY-FIRST SUBSCRIBER GROUP	THIRTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
		computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	

	· · · · · · · · · · · · · · · · · · ·	FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	· · ·
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce	
Syndicated	this schedule.	
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	
Surcharge for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figur your actual calculations on this form.	ormula outlined in block D, section 3 or 4 of part 7 of this res applicable to the particular group. You do not need to show
	THIRTY-THIRD SUBSCRIBER GROUP	THIRTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	Surcharge Second Group
	THIRTY-FIFTH SUBSCRIBER GROUP	THIRTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

	-	FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commer	
Syndicated	this schedule.	
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group fo	
Surcharge for	Exempt DSEs in block C, part 7 of this schedule. If none enter <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.	ormula outlined in block D, section 3 or 4 of part 7 of this res applicable to the particular group. You do not need to show
	THIRTY-SEVENTH SUBSCRIBER GROUP	THIRTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
		SYNDICATED EXCLUSIVITY
	SURCHARGE	SURCHARGE
	First Group	Second Group
	THIRTY-NINTH SUBSCRIBER GROUP	FORTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 2	

		FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981:	· · ·
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for commer this schedule.	cial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group f	or the VHF Grade B contour stations that were classified as
Surcharge for	Exempt DSEs in block C, part 7 of this schedule. If none enter <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the f	
	FORTY-FIRST SUBSCRIBER GROUP	FORTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE	SURCHARGE
	First Group	Second Group
	FORTY-THIRD SUBSCRIBER GROUP	FORTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID#
	,	62861
•	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a	
<b>9</b> Computation	Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	xet any portion of your cable system is located in as defined
of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commer this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group f</li> </ul>	
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of	r zero.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the f schedule. In making this computation, use gross receipts figu your actual calculations on this form.	ormula outlined in block D, section 3 or 4 of part 7 of this res applicable to the particular group. You do not need to show
	FORTY-FIFTH SUBSCRIBER GROUP	FORTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	SURCHARGE Second Group
	FORTY-SEVENTH SUBSCRIBER GROUP	FORTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	

		FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	· · ·
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for</li> </ul>	cial VHF Grade B contour stations listed in block A, part 9 of or the VHF Grade B contour stations that were classified as
Surcharge for	Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figur your actual calculations on this form.	ormula outlined in block D, section 3 or 4 of part 7 of this res applicable to the particular group. You do not need to show
	FORTY-NINTH SUBSCRIBER GROUP	FIFTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	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 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 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

	-	FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerciation of the statement	
Syndicated	this schedule.	n the MUE Conde D content of the transmission of the transmission of the transmission of the transmission of the
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	
for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of	f DSEs used to compute the surcharge.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.	ormula outlined in block D, section 3 or 4 of part 7 of this es applicable to the particular group. You do not need to show
	FIFTY-THIRD SUBSCRIBER GROUP	FIFTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	SURCHARGE Second Group
	FIFTY-FIFTH SUBSCRIBER GROUP	FIFTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 1)	

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
<b>9</b> Computation 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 th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for	the station is not exempt in Part 7, you must also compute a tet any portion of your cable system is located in as defined Second 50 major television market cial VHF Grade B contour stations listed in block A, part 9 of the VHF Grade B contour stations that were classified as r zero. f DSEs used to compute the surcharge.
	FIFTY-SEVENTH SUBSCRIBER GROUP	FIFTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	FIFTY-NINTH SUBSCRIBER GROUP	SIXTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
<b>9</b> Computation 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 th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for	e station is not exempt in Part 7, you must also compute a et any portion of your cable system is located in as defined Second 50 major television market cial VHF Grade B contour stations listed in block A, part 9 of or the VHF Grade B contour stations that were classified as zero.
	SIXTY-FIRST SUBSCRIBER GROUP	SIXTY-SECOND SUBSCRIBER GROUP
		SIXTT-SECOND SUBSCRIDER GROUP
	Line 1: Enter the VHF DSEs	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 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
	SIXTY-THIRD SUBSCRIBER GROUP	SIXTY-FOURTH SUBSCRIBER GROUP
	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	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: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

		FORM SA3E. PAGE 20
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
<b>9</b> Computation 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 th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entere Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for	e station is not exempt in Part 7, you must also compute a et any portion of your cable system is located in as defined Second 50 major television market cial VHF Grade B contour stations listed in block A, part 9 of or the VHF Grade B contour stations that were classified as zero.
	SIXTY-FIFTH SUBSCRIBER GROUP	SIXTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	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 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
	SIXTY-SEVENTH SUBSCRIBER GROUP	SIXTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

	· · · · · · · · · · · · · · · · · · ·	FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID#
	,	62861
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market	· · · ·
Computation of	by section 76.5 of FCC rules in effect on June 24, 1981:	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge formation of the surcharge for each subscriber group using the formation of the surcharge formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge formation of the surcharge for each subscriber group using the surface surface surface surface supercext surface surface su</li></ul>	cial VHF Grade B contour stations listed in block A, part 9 of or the VHF Grade B contour stations that were classified as r zero. 5 DSEs used to compute the surcharge.
	SIXTY-NINTH SUBSCRIBER GROUP	SEVENTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs           Line 2: Enter the Exempt DSEs	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 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
	SEVENTY-FIRST SUBSCRIBER GROUP	SEVENTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 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
	SURCHARGE Third Group	

	-	FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	· · ·
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commen	
Syndicated	this schedule.	
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	
Surcharge for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.	ormula outlined in block D, section 3 or 4 of part 7 of this res applicable to the particular group. You do not need to show
	SEVENTY-THIRD SUBSCRIBER GROUP	SEVENTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	Surcharge Second Group
	SEVENTY-FIFTH SUBSCRIBER GROUP	SEVENTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 5	

	· · · · · · · · · · · · · · · · · · ·	FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television marke by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for commerce	cial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity	this schedule. <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for	or the VHF Grade B contour stations that were classified as
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter	
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for	
Distant Stations	schedule. In making this computation, use gross receipts figur your actual calculations on this form.	es applicable to the particular group. You do not need to show
	SEVENTY-SEVENTH SUBSCRIBER GROUP	SEVENTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SURCHARGE First Group	Second Group
	SEVENTY-NINTH SUBSCRIBER GROUP	EIGHTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1
	total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE	SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

		FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP           If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a	
Computation	Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	xet any portion of your cable system is located in as defined
of Base Rate Fee	First 50 major television market	Second 50 major television market
and	Step 1: In line 1, give the total DSEs by subscriber group for commen	cial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity	this schedule. <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group to the state of the subscriber group to the state of the stat	or the V/HE Grade B contour stations, that were classified as
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter	
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the f	
Distant Stations		res applicable to the particular group. You do not need to show
	EIGHTY-FIRST SUBSCRIBER GROUP	EIGHTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	First Group	Second Group
	EIGHTY-THIRD SUBSCRIBER GROUP	EIGHTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge computation
	SURCHARGE	SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	

	-	FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID#
	,	62861
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market	
Computation of	by section 76.5 of FCC rules in effect on June 24, 1981: ☐ First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul>	cial VHF Grade B contour stations listed in block A, part 9 of or the VHF Grade B contour stations that were classified as zero. DSEs used to compute the surcharge. ormula outlined in block D, section 3 or 4 of part 7 of this
	EIGHTY-FIFTH SUBSCRIBER GROUP	EIGHTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the 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	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 Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

		FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commer this schedule.	
Exclusivity Surcharge for	Step 2:         In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3:           In line 3, subtract line 2 from line 1. This is the total number of the schedule.	r zero.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the f	
	EIGHTY-NINTH SUBSCRIBER GROUP	NINETIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	SURCHARGE Second Group
	NINETY-FIRST SUBSCRIBER GROUP	NINETY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	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	this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861
		SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
<b>9</b> Computation 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 th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commen- this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none ente Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for	he station is not exempt in Part 7, you must also compute a ket any portion of your cable system is located in as defined Second 50 major television market cial VHF Grade B contour stations listed in block A, part 9 of for the VHF Grade B contour stations that were classified as as a car zero.
	NINETY-THIRD SUBSCRIBER GROUP	NINETY-FOURTH SUBSCRIBER GROUP
	NINE I T-THIRD SUBSCRIDER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Einer the Exemption Does 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. Effect the Exchapt Does 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
	NINETY-FIFTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs	NINETY-SIXTH SUBSCRIBER GROUP         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
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 1	

		FORM SA3E. PAGE 20.
Name		SYSTEM ID#
	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	· · · ·
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.	cial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge for	<ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> </ul>	r zero.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figur your actual calculations on this form.	ormula outlined in block D, section 3 or 4 of part 7 of this res applicable to the particular group. You do not need to show
	NINETY-SEVENTH SUBSCRIBER GROUP	NINETY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	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	this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	NINETY-NINTH SUBSCRIBER GROUP	ONE HUNDREDTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	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	this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861
	· · · · · · · · · · · · · · · · · · ·	
<b>9</b> Computation	BLOCK B: COMPUTATION OF SYNDICATED EXCLU If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	
of Base Rate Fee	First 50 major television market INSTRUCTIONS:	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the</li> </ul>	for the VHF Grade B contour stations that were classified as er zero. of DSEs used to compute the surcharge.
	ONE HUNDERED FIRST SUBSCRIBER GROUP	ONE HUNDERED SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	ONE HUNDERED THIRD SUBSCRIBER GROUP	ONE HUNDERED FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	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 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861
9 Computation of	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	et any portion of your cable system is located in as defined
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entere Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge formation of the surcharge for each subscriber group using the formation of the surcharge formation</li></ul>	or the VHF Grade B contour stations that were classified as r zero. TDSEs used to compute the surcharge.
	ONE HUNDRED FIFTH SUBSCRIBER GROUP	ONE HUNDRED SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	computation       -         SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         \$    SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earlin the boxes above. Enter here and in block 4, line 2 of space L (page 7	computation

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861
	· · · · · · · · · · · · · · · · · · ·	
9 Computation of Base Rate Fee	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS:	
and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerthis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entestep 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation.</li> </ul>	or the VHF Grade B contour stations that were classified as r zero. f DSEs used to compute the surcharge.
	ONE HUNDRED NINTH SUBSCRIBER GROUP	ONE HUNDRED TENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	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: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861
9 Computation of Base Rate Fee	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS If your cable system is located within a top 100 television market and t Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS:	
and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commentation this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for exempt DSEs in block C, part 7 of this schedule. If none enterestep 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the formation of the subscriber group is the formation of the subscriber group is the formation of the surcharge for each subscriber group using the fo</li></ul>	or the VHF Grade B contour stations that were classified as er zero. If DSEs used to compute the surcharge.
	ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP	ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
		ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP
	ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	ach subscriber group as shown

		FORM SA3E. PAGE 20.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID#		
		62861		
9 Computation of Base Rate Fee	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS If your cable system is located within a top 100 television market and t Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS:			
and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>			
	ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP	ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	ONE HUNDRED NINTEENTH SUBSCRIBER GROUP	ONE HUNDRED TWENTIETH SUBSCRIBER GROUP		
	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	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 Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page			

		FORM SA3E. PAGE 20.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861		
<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distort	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP         If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:			
Distant Stations	schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.			
	ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP	ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation		
	computation       -         SYNDICATED EXCLUSIVITY       -         SURCHARGE       -         Third Group       -         SYNDICATED EXCLUSIVITY SURCHARGE:       Add the surcharge for earling in the boxes above. Enter here and in block 4, line 2 of space L (page 7			

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861
	· · · · · · · · · · · · · · · · · · ·	
9 Computation of Base Rate Fee and	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	et any portion of your cable system is located in as defined
Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enteres the step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the surcharge formation of the surcha</li></ul>	or the VHF Grade B contour stations that were classified as r zero. f DSEs used to compute the surcharge.
	ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP	ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP
	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	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
	ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP	ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP
	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	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	computation
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 1	

		FORM SA3E. PAGE 20.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID#			
	· · · · · · · · · · · · · · · · · · ·	62861			
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:				
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>First 50 major television market</li> <li>Second 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>				
	ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP	ONE HUNDRED THIRTIETH SUBSCRIBER GROUP			
	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	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			
	computation       -         SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page 1)				

	· · · · · · · · · · · · · · · · · · ·	FORM SA3E. PAGE 20.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861		
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:			
Stations	schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.			
	ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP	ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7			

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861
		SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
<b>9</b> Computation 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 th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for	the station is not exempt in Part 7, you must also compute a let any portion of your cable system is located in as defined Second 50 major television market cial VHF Grade B contour stations listed in block A, part 9 of for the VHF Grade B contour stations that were classified as r zero. f DSEs used to compute the surcharge.
	ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP	ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP
	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 First Group	Line 1: Enter the VHF DSEs
	computation	

		FORM SA3E. PAGE 20.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861		
9 Computation of Base Rate Fee and	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commer	tet any portion of your cable system is located in as defined		
Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>			
	ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP	ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs.	Line 2: Enter the Exempt DSEs.		
	Line 2: Entre the Exempt bols Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page			

	· · · · · · · · · · · · · · · · · · ·	FORM SA3E. PAGE 20.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861		
9 Computation of Base Rate Fee and Syndicated Exclusivity	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:	et any portion of your cable system is located in as defined Second 50 major television market cial VHF Grade B contour stations listed in block A, part 9 of		
Surcharge for Partially Distant Stations	<ul> <li>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>			
	ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP	ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSES Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	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: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7			

		FORM SA3E. PAGE 20.	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861	
<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP         If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Distant Stations	schedule. In making this computation, use gross receipts figure your actual calculations on this form.	es applicable to the particular group. You do not need to show	
	ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP	ONE HUNDRED FIFTIETH SUBSCRIBER GROUP	
	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	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	
	this subscriber group subject to the surcharge computation		

		FORM SA3E. PAGE 20.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861		
9 Computation of Base Rate Fee and Syndicated Exclusivity	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commen- this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for	et any portion of your cable system is located in as defined Second 50 major television market cial VHF Grade B contour stations listed in block A, part 9 of or the VHF Grade B contour stations that were classified as		
Surcharge for Partially Distant Stations	<ul> <li>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>			
	ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation		
	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 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: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7			

		FORM SA3E. PAGE 20.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861		
	· · · · · · · · · · · · · · · · · · ·			
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercithis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter the schedule is the schedule of the schedule of the schedule of the schedule.</li> </ul>	e station is not exempt in Part 7, you must also compute a et any portion of your cable system is located in as defined Second 50 major television market ial VHF Grade B contour stations listed in block A, part 9 of r the VHF Grade B contour stations that were classified as zero.		
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>			
	ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP	ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	this subscriber group subject to the surcharge computation	this subscriber group subject to the surcharge computation		

C	Cable Worksheet	Total amount of remittance	Number of SAs	rec'd In	Initials	
		Date of remittance	- Check EFT		FEES	
Cable ID #				Amount	Initials	
Examined by	Reviewed by	Date examination completed	Allocation number			
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period) or /2 (f	or Jul-Dec period) No spac	es)	
Period	□ Letter sent	C	] Information received			
		C	] Phone call/Date/Contact			
Space B Owner						
	□ Letter sent	C	Information received			
		C	] Phone call/Date/Contact			
Space D Area Served						
	Letter sent	C	] Information received			
		C	] Phone call/Date/Contact			
Space E Secondary Transission						
Service Subscribers:	□ Letter sent	C	Information received			
and Rates		C	] Phone call/Date/Contact			
Space G Primary Transmitters:						
Television	□ Letter sent	C	Information received			
		[	] Phone call/Date/Contact			
Space H Primary Transmitters:						
Radio		Γ	Phone call/Date/Contact			

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