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

### SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| FOR COPYRIGHT        | OFFICE USE ONLY   |  |  |  |  |  |
|----------------------|-------------------|--|--|--|--|--|
| DATE RECEIVED AMOUNT |                   |  |  |  |  |  |
|                      | \$                |  |  |  |  |  |
| 8 28 24              | ALLOCATION NUMBER |  |  |  |  |  |
| 8-28-24              |                   |  |  |  |  |  |

Return completed workbook by email to:

#### coplicsoa@loc.gov

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

| Α                  | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:  |  |                                      |                 |  |  |  |  |
|--------------------|---|--|--------------------------------------|-----------------|--|--|--|--|
| Accounting         | 2024/1  |  |                                      |                 |  |  |  |  |
| Period             | Instructions:   |  |                                      |                 |  |  |  |  |
| B<br>Owner         | Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting. Check here if this is the system's first filing. If not, enter the system's ID is | s of the cable syster on the last day of the | n.<br>e accounting period should sub |                 |  |  |  |  |
|                    | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  DIRECTV, LLC   |  |                                      |                 |  |  |  |  |
|                    | 5   |  |                                      |                 |  |  |  |  |
|                    |   |  |                                      | 06301920241     |  |  |  |  |
|                    |   |  |                                      | 063019 2024/1   |  |  |  |  |
|                    | 2260 E Imperial Hwy Room 839<br>El Segundo, CA 90245  |  |                                      |                 |  |  |  |  |
| С                  | INSTRUCTIONS: In line 1, give any business or trade names used to in  | •  |                                      |                 |  |  |  |  |
| System             | names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:   | the system, it diff                          | erent from the address give          | en in space B.  |  |  |  |  |
| System             | 1   |  |                                      |                 |  |  |  |  |
|                    | MAILING ADDRESS OF CABLE SYSTEM:  |  |                                      |                 |  |  |  |  |
|                    | 2 (Number, street, rural route, apartment, or suite number)   |  |                                      |                 |  |  |  |  |
|                    | (City, town, state, zip code)   |  |                                      |                 |  |  |  |  |
| D                  | Instructions: For complete space D instructions, see page 1b. Identify  | only the frst comr                           | nunity served below and re           | list on page 1b |  |  |  |  |
| Area               | with all communities.   | Τ.   |                                      |                 |  |  |  |  |
| Served             | CITY OR TOWN  | STATE  |                                      |                 |  |  |  |  |
| First<br>Community | Bakersfield CA  |  |                                      |                 |  |  |  |  |
| Community          | Below is a sample for reporting communities if you report multiple cha  |  | i                                    | OLID ODD#       |  |  |  |  |
|                    | CITY OR TOWN (SAMPLE)  Alda   | STATE<br>MD                                  | CH LINE UP  A                        | SUB GRP#        |  |  |  |  |
| Sample             | Alliance  | MD   | В                                    | 2               |  |  |  |  |
|                    | Gering  | MD   | В                                    | 3               |  |  |  |  |
|                    |   |  |                                      |                 |  |  |  |  |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 fling, a determination that would be made by a court of law.

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  |                                      |  | SYSTEM ID# |                            |
|---|--------------------------------------|--|------------|----------------------------|
| DIRECTV, LLC  |                                      |  | 063019     |                            |
| Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first | rated communitie<br>community that y | s within unincorpo<br>ou list will serve a | orated     | <b>D</b><br>Area<br>Served |
| <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town.  | e parks should be                    | reported in paren                          | theses     |                            |
| If all communities receive the same complement of television broadcast stations (i.e., one all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each reledesignated by a number (based on your reporting from Part 9).                          | column blank. If                     | you report any sta                         | tions      |                            |
| When reporting the carriage of television broadcast stations on a community-by-commun channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be  | a subscriber grou                    |  |            |                            |
| CITY OR TOWN  | STATE                                | CH LINE UP                                 | SUB GRP#   |                            |
| Bakersfield   | CA                                   |  |            | First                      |
| Delano  | CA                                   |  |            | Community                  |
| Kern Unincorporated County  | CA                                   |  |            |                            |
| Shafter   | CA                                   |  |            |                            |
| Tehachapi   | CA                                   |  |            |                            |
|   |                                      |  |            |                            |
|   |                                      |  |            | See instructions for       |
|   |                                      |  |            | additional information on  |
|   |                                      |  |            | alphabetization.           |
|   |                                      |  |            |                            |
|   |                                      |  |            |                            |
|   |                                      |  |            | Add rows as necessary.     |
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Name Legal Name of Owner of Cable System: SYSTEM ID#
DIRECTV, LLC 063019

### Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BL   | OCK 1       |    |       | BLOCK 2                |             |               |  |
|--|-------------|----|-------|------------------------|-------------|---------------|--|
|  | NO. OF      |    |       |                        | NO. OF      |               |  |
| CATEGORY OF SERVICE                              | SUBSCRIBERS | RA | TE    | CATEGORY OF SERVICE    | SUBSCRIBERS | RATE          |  |
| Residential:                                     |             |    |       |                        |             |               |  |
| Service to first set                             | 1,721       | \$ | 26.00 | HD Tech Fee            | 1,382       | \$ 10.00      |  |
| <ul> <li>Service to additional set(s)</li> </ul> |             |    |       | Set-Top Box            | 1,727       | \$0-\$15      |  |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |             |    |       | Broadcast TV Surcharge | 1,721       | 12.99-\$13.99 |  |
| Motel, hotel                                     |             |    |       |                        |             |               |  |
| Commercial                                       | 6           | \$ | 20.00 |                        |             |               |  |
| Converter  |             |    |       |                        |             |               |  |
| Residential                                      |             |    |       |                        |             |               |  |
| Non-residential                                  |             |    |       |                        |             |               |  |
| 1  | ļ           |    |       |                        | ·· ·····    | <b></b>       |  |

### F

Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

|   | BLOCK 2                 |                               |                    |                        |            |
|---|-------------------------|-------------------------------|--------------------|------------------------|------------|
| CATEGORY OF SERVICE                         | RATE                    | CATEGORY OF SERVICE           | RATE               | CATEGORY OF SERVICE    | RATE       |
| Continuing Services:                        |                         | Installation: Non-residential |                    |                        |            |
| Pay cable                                   |                         | Motel, hotel                  |                    | Video on Demand        | \$0-\$100  |
| <ul> <li>Pay cable—add'l channel</li> </ul> | \$5-\$199               | Commercial                    |                    | Service Activation Fee | \$0-\$35   |
| Fire protection                             |                         | Pay cable                     |                    | Credit Management Fee  | \$0-\$449  |
| Burglar protection                          | Pay cable-add'l channel |                               | Dispatch on Demand | \$99                   |            |
| Installation: Residential                   |                         | Fire protection               |                    | Wireless Receiver      | \$0 - \$49 |
| • First set                                 | \$0-\$199               | Burglar protection            |                    | HD Premium Tier        | \$10       |
| Additional set(s)                           |                         | Other services:               |                    | DVR Upgrade Fee        | \$105      |
| • FM radio (if separate rate)               |                         | Reconnect                     | \$0-\$35           | Vacation Hold          | \$7        |
| Converter                                   |                         | Disconnect                    |                    | Program Downgrade Fee  | \$ 5.00    |
|   |                         | Outlet relocation             | \$0-\$55           | Non-Return Eqpt Fee    | \$0-\$150  |
|   |                         | Move to new address           |                    |                        |            |

| FORM SA3E. PAGE 3.  |  |  |  |  | 01/07517 15 "   | T  |
|---|--|--|--|--|---|--|
| LEGAL NAME OF OWN   | ER OF CABLE SY   | STEM:  |  |  | SYSTEM ID#  | Name                                       |
|   | De: TEI EVISIO   | N  |  |  | 000013  |  |
| carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific 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 4: If the sta planation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmissi of a written agreement the cable system and a   | s, identify every ystem during the ons in effect on .61(e)(2) and (4) is, as explained tations: With I C rules, regula here in space only on a substand also in spatement of the control o | r television standard and accounting and June 24, 198 41), or 76.63 (from the next prespect to any tions, or auth G—but do list itute basis.  ce I, if the standard account and a station account as the station account and a station account and account account account and account | period, except (B1, permitting the eferring to 76.61 paragraph. It distant stations orizations: at it in space I (the attion was carried ute basis station eport origination cording to its over be reported in comparation in a network attion is a network attion is a network, "N-M" (for educational), or a general instructive area, (i.e. "digeneral instructive area, ( | 1) stations carried a carriage of certar (e)(2) and (4))]; a carried by your case Special Statement both on a substitute, see page (v) of a program services extended and the television station of the television of the tele | s". If not, enter "No". For an ex- paper SA3 form.  tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designa- | G Primary Transmitters: Television         |
| For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. |  |  |  |  |   |  |
| <u> </u>  | -  | CHANN  | EL LINE-UP   | AA   | ·   |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |  |
| KABE-CD/KABEH   | 39/1039  | ı  | No   |  | Bakersfield, CA   |  |
| KBAK-DT/HD  | 29/1029  | N  | No   |  | Bakersfield, CA   | See instructions for                       |
| KBFX-CD HD  | 58/1058  | ı  | No   |  | Bakersfield, CA   | additional information or alphabetization. |
| KBTF-CD/KBTFHI  | 31/1031  | I  | No   |  | Bakersfield, CA   |  |
| KERO-DT/HD  | 23/1023  | N  | No   |  | Bakersfield, CA   |  |
| KGET-DT/HD  | 17/1017  | N  | No   |  | Bakersfield, CA   |  |
| KGETD2/KGET2H   | 17   | I  | No   |  | Bakersfield, CA   |  |
| KKEY-LP   | 11   | I  | No   |  | Bakersfield, CA   |  |
| KUVI-DT/HD  | 45/1045  | I  | No   |  | Bakersfield, CA   |  |
| KZKC-LP/KZKCHI  | 42/1042  | I  | No   |  | Bakersfield, CA   |  |
| K18HD/K18HDH  | 18/1018  | E  | No   |  | Bakersfield, CA   |  |
|   |  |  |  |  |   |  |
|   |  |  |  |  |   |  |

| LEGAL NAME OF OWN   | ER OF CABLE SY  | STEM:  |  |  | SYSTEM ID#  |      |  |
|---|---|--|--|--|---|------|--|
| DIRECTV, LLC  |   |  |  |  | 063019  | Name |  |
| PRIMARY TRANSMITTERS: TELEVISION  |   |  |  |  |   |      |  |
| carried by your cable s   | ystem during th   | ne accounting  | period, except (   | 1) stations carried  | and low power television stations)<br>only on a part-time basis under<br>n network programs [sections   | G    |  |
| substitute program bas<br>Substitute Basis S  | 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program |  |  |  |   |      |  |
| <ul> <li>basis under specifc FC</li> <li>Do not list the station<br/>station was carried</li> </ul>     | here in space   | G—but do list  |  | e Special Statemer   | nt and Program Log)—if the  |      |  |
| List the station here,  | and also in spa<br>formation conc   | ce I, if the sta   |  |  | te basis and also on some other<br>the general instructions located   |      |  |
| each multicast stream   | associated with   | a station acc  | ording to its over   | er-the-air designation   | such as HBO, ESPN, etc. Identify<br>on. For example, report multi-<br>stream separately; for example  |      |  |
| its community of licens   | e. For example  | , WRC is Cha   |  |  | on for broadcasting over-the-air in<br>nay be different from the channel  |      |  |
|   | in each case v  | vhether the st   |  |  | pendent station, or a noncommercial<br>st), "I" (for independent), "I-M"  |      |  |
| (for independent multic   | east), "E" (for no<br>se terms, see p<br>ation is outside   | oncommercial<br>page (v) of the<br>the local serv                      | educational), or<br>e general instructice area, (i.e. "d                       | "E-M" (for noncon<br>tions located in the<br>listant"), enter "Yes                     | nmercial educational multicast).<br>e paper SA3 form.<br>". If not, enter "No". For an ex-  |      |  |
| I -   | ne distant statio   | n during the a   | accounting perio   | d. Indicate by ente  | ating the basis on which your<br>ring "LAC" if your cable system<br>apacity.  |      |  |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th | entered into or<br>a primary transr<br>simulcasts, also<br>ree categories,  | n or before Ju<br>mitter or an as<br>o enter "E". If y<br>see page (v) | ne 30, 2009, bet<br>sociation repres<br>you carried the o<br>of the general in | tween a cable syst<br>senting the primary<br>channel on any oth<br>nstructions located | payment because it is the subject em or an association representing transmitter, enter the designaer basis, enter "O." For a further in the paper SA3 form. |      |  |
|   | Canadian statio   | ns, if any, give   | e the name of th   | e community with   | to which the station is licensed by the which the station is identifed. hannel line-up.   |      |  |
|   |   | CHANN  | EL LINE-UP   | AB   |   |      |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |      |  |
|   |   |  |  |  |   |      |  |
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| LEG  |   | OF OWNER OF CABLE SYSTEM:  |                                   | SYSTEM ID#<br>063019          | Name  |  |
|--|---|--|-----------------------------------|-------------------------------|---|--|
| DII  | RECTV   | , LLC  |                                   | 063019                        |   |  |
| Ins<br>all a<br>(as                          | truction<br>amounts<br>identife<br>ge (vii) o<br>Gross i  | ECEIPTS  Is: The figure you give in this space determines the form you fle and the amount (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 complete the general instructions.  The general instructions for secondary transmission service(s)   | ndary transmiss<br>mpute this amo | sion service<br>ount, see     | <b>K</b><br>Gross Receipts                            |  |
| IMF  | U   | the accounting period.  IT: You must complete a statement in space P concerning gross receipts.  | (Amount o                         | 709,592.70 of gross receipts) |   |  |
| • Cor<br>• Cor<br>• If your fee<br>• If your | uctions: mplete b mplete b our syste from blo our syste   | ROYALTY FEE  Use the blocks in this space L to determine the royalty fee you owe:  lock 1, showing your minimum fee.  lock 2, showing whether your system carried any distant television stations.  em did not carry any distant television stations, leave block 3 blank. Enter the am lock 1 on line 1 of block 4, and calculate the total royalty fee.  em did carry any distant television stations, you must complete the applicable paring this form and attach the schedule to your statement of account. |                                   |                               | L<br>Copyright<br>Royalty Fee                         |  |
|  | art 8 or p<br>ck 3 belo   | part 9, block A, of the DSE schedule was completed, the base rate fee should be $\omega$ .   | entered on line                   | e 1 of                        |   |  |
|  | art 6 of t<br>elow.   | he DSE schedule was completed, the amount from line 7 of block C should be en  | ntered on line 2                  | in block                      |   |  |
|  | art 7 or լ<br>ı block 4   | part 9, block B, of the DSE schedule was completed, the surcharge amount shou below.   | ld be entered o                   | n line                        |   |  |
| Block<br>1                                   | least th  | <b>UM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more le minimum fee, regardless of whether they carried any distant stations. This fee 's gross receipts for the accounting period.  |                                   |                               |   |  |
|  | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064  \$ 709,592.70 |  |                                   |                               |   |  |
|  |   | Enter the result here. This is your minimum fee.   | \$                                | 7,550.07                      |   |  |
| Block<br>2                                   | space ( "Yes" ir • Did yo   | NT TELEVISION STATIONS CARRIED: Your answer here must agree with the in G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column in this block.  Our cable system carry any distant television stations during the accounting period as—Complete the DSE schedule.  No—Leave block 3 below blank and complete the DSE schedule.   | n 4, you must cl                  | heck                          |   |  |
| Block<br>3                                   |   | 4, or part 9, block A of the DSE schedule. If none, enter zero   | \$                                | <del>-</del>                  |   |  |
|  | Line 2.   | <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero   |                                   | 0.00                          |   |  |
|  |   | ,  |                                   |                               |   |  |
|  | Line 3.   | Add lines 1 and 2 and enter here   | \$                                |                               |   |  |
| Block<br>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   | \$                                | 7,550.07                      | Cable systems   |  |
|  | Line 2.   | SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter   |                                   | 0.00                          | submitting<br>additional                              |  |
|  | Line 3.   | zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)  |                                   | 0.00                          | deposits under<br>Section 111(d)(7)<br>should contact |  |
|  | Line 4.   | FILING FEE   | \$                                | 725.00                        | the Licensing additional fees.  Division for the      |  |
|  |   | . ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. es 1, 2 and 3 of block 4 and enter total here   | \$                                | 8,275.07                      | appropriate<br>form for<br>submitting the             |  |
|  |   | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)  | ee page (i) of tl                 | he                            | additional fees.                                      |  |

ACCOUNTING PERIOD: 2024/1

|  |   | FORM SA3E. PAGE 8.   |
|--|---|----------------------|
| Name                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:  DIRECTV, LLC  | SYSTEM ID#<br>063019 |
|  | CHANNELS  |                      |
| М  | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations  |                      |
|  | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.   |                      |
| Channels                                   |   |                      |
|  | Enter the total number of channels on which the cable   | 20                   |
|  | system carried television broadcast stations  |                      |
|  | Enter the total number of activated channels  |                      |
|  | on which the cable system carried television broadcast stations   | 586                  |
|  | and nonbroadcast services   |                      |
| N<br>Individual to                         | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)   |                      |
| Be Contacted<br>for Further<br>Information | Name Myriam Nassif Telephone 310-964  | I-1930               |
|  | Address 2260 E Imperial Hwy Room 839 (Number, street, rural route, apartment, or suite number)  |                      |
|  | El Segundo, CA 90245  |                      |
|  | (City, town, state, zip)  |                      |
|  | Email Manassif@directv.com Fax (optional)   |                      |
|  | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  |                      |
| O  |   |                      |
| Certifcation                               | I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  |                      |
|  | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or  |                      |
|  | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as id in line 1 of space B and that the owner is not a corporation or partnership; or  | entified             |
|  | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cal in line 1 of space B.   | ble system           |
|  | 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)]  |                      |
|  |   |                      |
|  | /s/ Sara Gunther  |                      |
|  | Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting |                      |
|  | Typed or printed name: Sara Gunther   |                      |
|  | Title: AVP, Financial Ops  (Title of official position held in corporation or partnership)  |                      |
|  | Date: August 20, 2024   |                      |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II  | Mama  |
|---|---|
| DIRECTV, LLC 0630   | 19  |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below | Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| Name Mailing Address Mailing Address  |   |
| INTEREST ASSESSMENTS  |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  | Q   |
| Line 1 Enter the amount of late payment or underpayment   | Interest Assessment   |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  |   |
| x 0.00274  Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,   |   |
| space L, (page 7)   |   |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  |   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.  |   |
| Owner Address   |   |
| First community served  |   |
| Accounting period   |   |
| ID number   |   |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2024/1

DSE SCHEDULE. PAGE 10.

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

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

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

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, 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.

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

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

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

 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.

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.

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

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

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

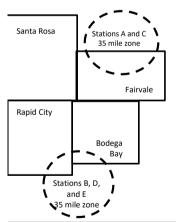
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### EXAMPLE:

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

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



| Distant Stations Car | ried  | Identification | of Subscriber Groups   |                  |
|----------------------|-------|----------------|------------------------|------------------|
| STATION              | DSE   | CITY           | OUTSIDE LOCAL          | GROSS RECEIPTS   |
| A (independent)      | 1.0   |                | SERVICE AREA OF        | FROM SUBSCRIBERS |
| B (independent)      | 1.0   | Santa Rosa     | Stations A, B, C, D ,E | \$310,000.00     |
| C (part-time)        | 0.083 | Rapid City     | Stations A and C       | 100,000.00       |
| D (part-time)        | 0.139 | Bodega Bay     | Stations A and C       | 70,000.00        |
| E (network)          | 0.25  | Fairvale       | Stations B, D, and E   | 120,000.00       |
| TOTAL DSEs           | 2.472 |                | TOTAL GROSS RECEIPTS   | \$600.000.00     |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

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

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

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

| 4                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#   |                    |                                    |   |                          |        |  |  |  |  |  |  |
|------------------------------------|--|--------------------|------------------------------------|---|--------------------------|--------|--|--|--|--|--|--|
| I                                  | DIRECTV, LLC   |                    |                                    |   |                          | 063019 |  |  |  |  |  |  |
|                                    | SUM OF DSEs OF CATEGOR   |                    | NS:                                |   |                          |        |  |  |  |  |  |  |
|                                    | <ul> <li>Add the DSEs of each station</li> <li>Enter the sum here and in line</li> </ul>   |                    | s schedule                         |   | 0.00                     |        |  |  |  |  |  |  |
|                                    |  |                    |                                    | Į                                       |                          |        |  |  |  |  |  |  |
| 2                                  | Instructions:<br>In the column headed "Call :  | Sign": list the ca | ll signs of all distant stations i | dentified by the                        | e letter "O" in column 5 |        |  |  |  |  |  |  |
|                                    | of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-                             |                    |                                    |   |                          |        |  |  |  |  |  |  |
| Computation of DSEs for            | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." |                    |                                    |   |                          |        |  |  |  |  |  |  |
| Category "O"                       | CATEGORY "O" STATIONS: DSEs  |                    |                                    |   |                          |        |  |  |  |  |  |  |
| Stations                           | CALL SIGN  | DSE                | CALL SIGN                          | DSE                                     | CALL SIGN                | DSE    |  |  |  |  |  |  |
|                                    |  |                    |                                    |   | *                        |        |  |  |  |  |  |  |
|                                    |  |                    |                                    |   |                          |        |  |  |  |  |  |  |
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|                                    |  |                    |                                    |   |                          |        |  |  |  |  |  |  |
| Add rows as                        |  |                    |                                    |   |                          |        |  |  |  |  |  |  |
| necessary.<br>Remember to copy all |  |                    |                                    |   |                          |        |  |  |  |  |  |  |
| formula into new                   |  |                    |                                    |   |                          |        |  |  |  |  |  |  |
| rows.                              |  |                    |                                    |   |                          |        |  |  |  |  |  |  |
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|                                    |  |                    |                                    | • |                          |        |  |  |  |  |  |  |
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|                                    |  |                    |                                    |   | •                        |        |  |  |  |  |  |  |
|                                    |  |                    |                                    |   |                          |        |  |  |  |  |  |  |
|                                    |  |                    |                                    | • |                          |        |  |  |  |  |  |  |
|                                    |  |                    |                                    |   |                          |        |  |  |  |  |  |  |
|                                    |  |                    |                                    |   |                          |        |  |  |  |  |  |  |
|                                    |  |                    |                                    |   |                          |        |  |  |  |  |  |  |
|                                    |  |                    |                                    |   |                          |        |  |  |  |  |  |  |
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|                                    |  |                    |                                    | <u> </u>                                |                          |        |  |  |  |  |  |  |

| p | ··· | P | <br><del></del> |  |
|---|-----|---|-----------------|--|
|   |     |   |                 |  |
|   |     |   |                 |  |
|   |     |   |                 |  |

| Name  | DIRECTV, L  | DWNER OF CABLE SYSTEM:   |  |  |  |   |  | ,  | 963019 |  |  |  |
|---|---|--|--|--|--|---|--|--|--------|--|--|--|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6                                      | capacity st the call sign of all distar 2: For each station, give the correspond with the inform 3: For each station, give th 4: Divide the figure in colunt at least to the third decim 5: For each independent so value as ".25." 6: Multiply the figure in colupoint. This is the station's   | e number of he nation given in e total number mn 2 by the figual point. This istation, give the furn 4 by the figurn 4 by the figurn 5 decimals. | ours your cable system space J. Calculate only of hours that the static ure in column 3, and gisthe "basis of carriage "type-value" as "1.0." Fugure in column 5, and given in column 5 | carried the static<br>y one DSE for each<br>on broadcast ove<br>we the result in d<br>value" for the state<br>For each network | on during the action station.  If the air during ecimals in columation.  If or noncomme | the account<br>mn 4. This t<br>rcial educati<br>nd to no les | ting period. figure must ional station, s than the |        |  |  |  |
| Capacity  |   | CATEGORY LAC STATIONS: COMPUTATION OF DSEs   |  |  |  |   |  |  |        |  |  |  |
|   | 1. CALL<br>SIGN   | 2. NUMBE<br>OF HOL<br>CARRIE<br>SYSTEM   | IRS<br>D BY  | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR   | 4. BASIS OF<br>CARRIAC<br>VALUE  |   | 5. TYPE<br>VALUE   |  | SE     |  |  |  |
|   |   |  | ÷  |  | =  | x   |  | =  |        |  |  |  |
|   |   |  | ÷  |  |  | x<br>x  |  | =  |        |  |  |  |
|   |   |  | ÷  |  | =  | x   |  |  |        |  |  |  |
|   |   |  | ÷  |  | =  | x   |  | =  |        |  |  |  |
|   |   |  | ÷  |  | =  | X   |  | =  |        |  |  |  |
|   |   |  | ÷  |  | =  | x<br>x  |  |  |        |  |  |  |
| Computation of DSEs for Substitute-Basis Stations                                   | Instructions: Column 1: Giv • Was carried tions in effe • Broadcast o space I). Column 2: at your option. Column 3: Column 4: | re the call sign of each station or more live, nonnetwo  For each station give the call sign of each station of the control of | tion listed in spution for a programs du number of live, bond with the ii in the calendar 2 by the figur   | pace I (page 5, the Log<br>gram that your system of<br>eletter "P" in column 7<br>ring that optional carria<br>nonnetwork programs<br>nformation in space I.<br>r year: 365, except in a<br>e in column 3, and give  | of Substitute Prowas permitted to of space I); and ge (as shown by the carried in substitute leap year.                        | delete under F the word "Yes" in tution for progra                                      | CC rules an column 2 of arms that we to no less th           | re deleted   | m)     |  |  |  |
|   | decimal point.  | · ·  |  |  | ,  |   |  | e paper or to ion                                  |        |  |  |  |
|   |   |  |  | BASIS STATION  |  |   |  |  | T      |  |  |  |
|   | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBE<br>OF DAY<br>IN YEAF  | S  | 1. CALL<br>SIGN  | 2. NUME<br>OF<br>PROG   | BER<br>BRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR                    | 4. DSE |  |  |  |
|   |   | ÷  |  | =  |  |   | ÷  |  | =      |  |  |  |
|   |   | ÷  |  | =  |  |   | ÷  |  |        |  |  |  |
|   |   | ÷  |  | =  |  |   | ÷  |  | =      |  |  |  |
|   |   | ÷  |  | =  |  |   | ÷  |  | =      |  |  |  |
|   | Add the DSEs  | ÷ s OF SUBSTITUTE-BASI of each station. um here and in line 3 of pa  | S STATIONS:  | edule,   |  |   | 0.00   |  | =      |  |  |  |
| 5   |   | ER OF DSEs: Give the ame   |  | poxes in parts 2, 3, and   | 4 of this schedule   | and add them  | to provide th  | e total  |        |  |  |  |
| Total Number  |   | of DSEs from part 2 ●  |  |  |  | •   |  | 0.00   |        |  |  |  |
| of DSEs   |   | of DSEs from part 3 •  |  |  |  | ·   |  | 0.00   |        |  |  |  |
|   |   | of DSEs from part 4 ●  |  |  |  | •   |  | 0.00   |        |  |  |  |
|   | TOTAL NUMBE   | ER OF DSEs   |  |  |  |   |  |  | 0.00   |  |  |  |

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

| DIRECTV, LLC   |   | YSTEM:  |  |   |   |  | S  | YSTEM ID#<br>063019 | Name   |
|--|---|---|--|---|---|--|--|---------------------|--|
| Instructions: Bloc<br>In block A:<br>• If your answer if "<br>schedule.<br>• If your answer if " | Yes," leave the rer   | mainder of pa   |  | of the DSE sched  | ule blank and   | complete part  | 8, (page 16) of the                                | e                   | 6  |
|  |   |   | BLOCK A: 1   | ELEVISION MA  | ARKETS  |  |  |                     | Computation of                                   |
|  | 1981?   | schedule—[  | •  | er markets as defir<br>PLETE THE REMA   |   |  | C rules and regul                                  | ations in           | 3.75 Fee   |
|  |   | BLO   | CK B: CARR   | IAGE OF PERM  | /IITTED DSI   | Es   |  |                     |  |
| Column 1:<br>CALL SIGN   | under FCC rules   | and regulati<br>ne DSE Sche   | ons prior to Jur<br>edule. (Note: Th   | part 2, 3, and 4 of<br>ne 25, 1981. For fu<br>ne letter M below re<br>Act of 2010.) | rther explanat  | ion of permitte  | d stations, see the                                | е                   |  |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE   | (Note the FCC r. A Stations carrier 76.61(b)(c)] B Specialty static C Noncomeric D Grandfathered instructions for E Carried pursuants F A station pre | ules and regued pursuant on as define tal education destation (76 or DSE schee tal to individuously carrium of the station of | ulations cited be<br>to the FCC ma<br>d in 76.5(kk) (7<br>al station [76.5<br>.65) (see parag<br>dule).<br>ual waiver of F<br>ed on a part-tin<br>vithin grade-B o | ne or substitute bas<br>contour, [76.59(d)(5  | se in effect on<br>6.57, 76.59(b),<br>e)(1), 76.63(a)<br>63(a) referring<br>postitution of grants | June 24, 1981, 76.61(b)(c), 7<br>referring to 76<br>to 76.61(d)]<br>andfathered st | 6.63(a) referring t<br>6.61(e)(1)<br>ations in the |                     |  |
| Column 3:  |   | e stations ide  | entified by the le   | parts 2, 3, and 4 cetter "F" in column  |   |  | orksheet on page                                   | 14 of               |  |
| 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS   | 3. DSE  | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS   | 3. DSE  | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS                              | 3. DSE              |  |
|  |   |   |  |   |   |  |  |                     |  |
|  |   |   |  |   |   |  |  |                     |  |
|  |   |   |  |   |   |  |  |                     |  |
|  |   |   |  |   |   |  |  |                     |  |
|  | 1   |   | I  | I   |   |  |  | 0.00                |  |
|  |   | E   | BLOCK C: CO  | MPUTATION OF  | 3.75 FEE  |  |  |                     |  |
| Line 1: Enter the  | total number of [   | OSEs from p   | part 5 of this s   | chedule   |   |  |  |                     |  |
| Line 2: Enter the  | sum of permitted  | I DSEs fron   | n block B abo  | ve  |   |  |  |                     |  |
| Line 3: Subtract l<br>(If zero, le   |   |   |  | of DSEs subject to of this schedule   |   | ate.   |  | 0.00                |  |
| Line 4: Enter gros   | ss receipts from s  | space K (pa   | age 7)   |   |   |  | × 0.03   | 375                 | Do any of the<br>DSEs represent<br>partially     |
| Line 5: Multiply lir   | ne 4 by 0.0375 ar   | nd enter su   | m here   |   |   |  | x  |                     | permited/<br>partially<br>nonpermitted           |
| Line 6: Enter tota   | l number of DSE   | s from line   | 3  |   |   |  |  | <u>-</u>            | carriage?<br>If yes, see part<br>9 instructions. |
| I ine 7: Multiply lir  | ne 6 by line 5 and  | d enter here  | and on line 2  | . block 3. space l  | L (page 7)  |  |  | 0.00                |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  DIRECTV, LLC  SYSTEM ID#  063019 |                       |          |                 |                       |            |                 |                       |          |                           |  |
|--|-----------------------|----------|-----------------|-----------------------|------------|-----------------|-----------------------|----------|---------------------------|--|
|  |                       | BLOCK    | ( A: TELEVIS    | SION MARKETS          | S (CONTINU | JED)            |                       |          |                           |  |
| 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS |          | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS |            | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE   | 6                         |  |
|  |                       |          |                 |                       |            |                 |                       |          | Computation o<br>3.75 Fee |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       |          |                 |                       |            |                 |                       |          |                           |  |
|  |                       | <b> </b> | <u></u>         |                       | <b> </b>   | <u> </u>        |                       | <b> </b> |                           |  |

ACCOUNTING PERIOD: 2024/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **DIRECTV, LLC** 063019 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 3. ACCOUNTING 4. BASIS OF 5. PRESENT 2. PRIOR SIGN DSE **PERIOD** CARRIAGE DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET** Exclusivity Surcharge Is any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? X No—Proceed to part 8 Yes—Complete blocks B and C . BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) or in part, over the cable system? Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:  DIRECTV, LLC  | 063019     | Name                                |
|---------------|---|------------|-------------------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |            |                                     |
| Section 1     | Enter the amount of gross receipts from space K (page 7)  | 709,592.70 | 7                                   |
| Section<br>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<br>Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.   | 0.00       | Surcharge                           |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.   |            |                                     |
|               | SECTION 3: TOP 50 TELEVISION MARKET   |            |                                     |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.   |            |                                     |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  | E          |                                     |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)   |            |                                     |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)  |            |                                     |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on  |            |                                     |
|               | line C in section 2) and enter here   | _          |                                     |
|               | D. Multiply line B by line C and enter here   |            |                                     |
|               | E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  |            |                                     |
| Section<br>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<br>4a | Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.  |            |                                     |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1) | E          |                                     |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1)  |            |                                     |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  and enter here   |            |                                     |
|               | D. Multiply line B by line C and enter here   |            |                                     |
|               | E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  |            |                                     |

| Name                     |  | ME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID# |  |  |  |  |  |  |  |
|--------------------------|--|--|------------|--|--|--|--|--|--|--|
|                          |  | DIRECTV, LLC   | 063019     |  |  |  |  |  |  |  |
| 7                        | Section<br>4b  | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.   |            |  |  |  |  |  |  |  |
| Computation              |  | A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$  |            |  |  |  |  |  |  |  |
| of the<br>Syndicated     |  | B. Enter 0.00189 of gross receipts (the amount in section 1)   |            |  |  |  |  |  |  |  |
| Exclusivity<br>Surcharge |  | C. Multiply line B by 3.000 and enter here   |            |  |  |  |  |  |  |  |
|                          |  | D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$  |            |  |  |  |  |  |  |  |
|                          |  | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here   |            |  |  |  |  |  |  |  |
|                          |  | F. Multiply line D by line E and enter here  |            |  |  |  |  |  |  |  |
|                          |  | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  |            |  |  |  |  |  |  |  |
|                          |  | Syndicated Exclusivity Surcharge   |            |  |  |  |  |  |  |  |
|                          | Instru   | ctions:  |            |  |  |  |  |  |  |  |
| 8                        | You m  | ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p<br>checked "Yes," use the total number of DSEs from part 5.  | part       |  |  |  |  |  |  |  |
|                          |  | checked Tes, use the total number of DSLs from part 3.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.   |            |  |  |  |  |  |  |  |
| Computation              | _  | r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  |            |  |  |  |  |  |  |  |
| of<br>Base Rate Fee      | • If you<br>blank  | rr answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be  | elow       |  |  |  |  |  |  |  |
| Buod Hato I do           |  | is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers  |            |  |  |  |  |  |  |  |
|                          |  | ocated within that station's local service area and others were located outside that area. For the definition of a station's "lo   | cal        |  |  |  |  |  |  |  |
|                          | service  | e area," see page (v) of the general instructions.   |            |  |  |  |  |  |  |  |
|                          |  | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |            |  |  |  |  |  |  |  |
|                          | • Did y  | 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<br>1   | Enter the amount of gross receipts from space K (page 7) ▶ _\$ 709,592   | 2.70_      |  |  |  |  |  |  |  |
|                          | Section  | Enter the total number of permitted DSEs from block B, part 6 of this schedule.  |            |  |  |  |  |  |  |  |
|                          | 2  | (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)  | 0.00       |  |  |  |  |  |  |  |
|                          | Section  | · · ·  |            |  |  |  |  |  |  |  |
|                          | 3  | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. |            |  |  |  |  |  |  |  |
|                          |  | A. Enter 0.01064 of gross receipts  (the amount in section 1)▶ _   | <u>-</u> _ |  |  |  |  |  |  |  |
|                          |  | B. Enter 0.00701 of gross receipts  (the amount in section 1)▶ _ \$ 4,974.24   |            |  |  |  |  |  |  |  |
|                          |  | C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here  |            |  |  |  |  |  |  |  |
|                          |  | D. Multiply line B by line C and enter here.   | -          |  |  |  |  |  |  |  |
|                          |  | E. Add lines A, and D. This is your base rate fee. Enter here  |            |  |  |  |  |  |  |  |
|                          |  | and in block 3, line 1, space L (page 7)   |            |  |  |  |  |  |  |  |
|                          |  | Base Rate Fee  | <u></u> .  |  |  |  |  |  |  |  |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I  |                          |
|--|--------------------------|
| DIRECTV, LLC 0630  | 19 Name                  |
| Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.  |                          |
| 4  | 8                        |
| A. Enter 0.01064 of gross receipts  (the amount in section 1)   \$   |                          |
| (tite amount in section 1)   |                          |
| B. Enter 0.00701 of gross receipts  (the amount in position 1)   | Computation              |
| (the amount in section 1) \$   | of<br>Base Rate Fee      |
| C. Multiply line B by 3.000 and enter here ▶\$   |                          |
| D. Enter 0.00330 of gross receipts   |                          |
| (the amount in section 1) \$   |                          |
| E. Subtract 4.000 from total DSEs  |                          |
| (the figure in section 2) and enter here   |                          |
| F. Multiply line D by line E and enter here <b>&gt;</b> \$   | _                        |
| G. Add lines A, C, and F. This is your base rate fee.  | 7                        |
| Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$ 0.00  |                          |
| Base Rate Fee ▶ \$ 0.00  | <u> </u>                 |
| IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals sha   | ı                        |
| instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in  | 9                        |
| Space G.  In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude   |                          |
| receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of the   | Computation of           |
| exclusion, you must:   | Base Rate Fee            |
| First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same   | and<br>Syndicated        |
| station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.  | Exclusivity              |
| <b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.   | Surcharge<br>for         |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you mus   | t Partially              |
| also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However your cable system is wholly located outside all major television markets, complete block A only.   | if Distant Stations, and |
|  | for Partially            |
| How to Identify a Subscriber Group for Partially Distant Stations  Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you   | Permitted<br>Stations    |
| carried to that community.   | Stations                 |
| Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by t same token, the station is distant to the subscriber.)   | ne                       |
| Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable syst will have only one subscriber group when the distant stations it carried have local service areas that coincide. | əm                       |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber.   | er                       |
| groups.  In each section:  |                          |
| Identify the communities/areas represented by each subscriber group.   |                          |
| Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.   |                          |
| • If:  |                          |
| 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, ar 4 of this schedule; or,  | d                        |
| 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.   |                          |
| Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.  |                          |
| Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.   |                          |
| Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding   |                          |
| page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show you actual calculations on the form.  |                          |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063019 **DIRECTV, LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWNER DIRECTV, LLC                 | OF CABLE | SYSTEM:                 |             |                          |          | SY               | STEM ID#<br>063019 | Name             |
|--|----------|-------------------------|-------------|--------------------------|----------|------------------|--------------------|------------------|
| BI   | LOCK A:  | COMPUTATION OF          | BASE RA     | TE FEES FOR EACH         | SUBSCRI  | BER GROUP        |                    |                  |
|  | FIRST    | SUBSCRIBER GROU         | <b>-</b>    |                          | SECOND   | SUBSCRIBER GROUP |                    | •                |
| COMMUNITY/ AREA                                  |          |                         | 0           | COMMUNITY/ AREA          |          |                  | 0                  | 9<br>Computation |
| CALL SIGN  | DSE      | CALL SIGN               | DSE         | CALL SIGN                | DSE      | CALL SIGN        | DSE                | of               |
|  |          |                         |             |                          |          |                  |                    | Base Rate Fee    |
|  |          |                         |             |                          |          |                  |                    | and              |
|  |          |                         |             |                          |          |                  |                    | Syndicated       |
|  |          |                         |             |                          |          |                  |                    | Exclusivity      |
|  |          |                         |             |                          |          |                  |                    | Surcharge        |
|  |          |                         |             |                          |          |                  |                    | for              |
|  |          |                         |             |                          |          |                  |                    | Partially        |
|  |          |                         |             |                          |          |                  |                    | Distant          |
|  |          |                         |             |                          |          |                  |                    | Stations         |
|  |          |                         |             |                          |          |                  |                    |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
|  |          |                         |             |                          | <u></u>  |                  | ļ                  |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
| Total DCCs                                       |          |                         | 0.00        | Total DCFa               |          |                  | 0.00               |                  |
| Total DSEs                                       |          |                         | ,           | Total DSEs               |          |                  |                    |                  |
| Gross Receipts First Gro                         | oup      | \$ 709,                 | 592.70      | Gross Receipts Second    | d Group  | \$               | 0.00               |                  |
| Base Rate Fee First Gro                          | oup      | \$                      | 0.00        | Base Rate Fee Second     | d Group  | \$               | 0.00               |                  |
|  | THIRD    | SUBSCRIBER GROUP        | )           |                          | FOURTH   | SUBSCRIBER GROUP |                    |                  |
| COMMUNITY/ AREA                                  |          |                         | 0           | COMMUNITY/ AREA          |          |                  | 0                  |                  |
| CALL SIGN  | DSE      | CALL SIGN               | DSE         | CALL SIGN                | DSE      | CALL SIGN        | DSE                |                  |
|  |          |                         |             |                          | <u> </u> |                  |                    |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
|  |          |                         |             |                          | <u></u>  |                  |                    |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
|  | <b></b>  |                         |             |                          | <u> </u> |                  | <u> </u>           |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
|  |          |                         |             |                          |          |                  |                    |                  |
| Total DSEs                                       |          |                         | 0.00        | Total DSEs               |          |                  | 0.00               |                  |
| Gross Receipts Third Gr                          | oup      | \$                      | 0.00        | Gross Receipts Fourth    | Group    | \$               | 0.00               |                  |
| Base Rate Fee Third Gr                           | oup      | \$                      | 0.00        | Base Rate Fee Fourth     | Group    | \$               | 0.00               |                  |
| Dana Bata Francis A LLC                          | haar     | . fana fan ar 1 - 1 - 1 |             |                          |          |                  |                    |                  |
| Base Rate Fee: Add the Enter here and in block 3 |          |                         | per group a | is snown in the boxes ab | ove.     | \$               | 0.00               |                  |

| LEGAL NAME OF OWNER DIRECTV, LLC | OF CABLE                           | SYSTEM:                  |             |                          |                   | SY               | 063019 | Name              |
|----------------------------------|------------------------------------|--------------------------|-------------|--------------------------|-------------------|------------------|--------|-------------------|
| ВІ                               | OCK A:                             | COMPUTATION OF           | BASE RA     | TE FEES FOR EACH         | SUBSCRI           | BER GROUP        |        |                   |
|                                  | FIFTH                              | SUBSCRIBER GROU          | <b>D</b>    |                          | SIXTH             | SUBSCRIBER GROUP |        | 9                 |
| COMMUNITY/ AREA                  |                                    |                          | 0           | COMMUNITY/ AREA          | COMMUNITY/ AREA 0 |                  |        |                   |
| CALL SIGN                        | DSE                                | CALL SIGN                | DSE         | CALL SIGN                | DSE               | CALL SIGN        | DSE    | Computation<br>of |
|                                  |                                    |                          |             |                          |                   |                  |        | Base Rate Fee     |
|                                  |                                    |                          |             |                          |                   |                  |        | and               |
|                                  |                                    |                          |             |                          |                   |                  |        | Syndicated        |
|                                  |                                    |                          |             |                          |                   |                  |        | Exclusivity       |
|                                  |                                    |                          |             |                          |                   |                  |        | Surcharge         |
|                                  |                                    |                          |             |                          |                   |                  |        | for               |
|                                  |                                    |                          |             |                          |                   |                  |        | Partially         |
|                                  |                                    |                          |             |                          |                   |                  |        | Distant           |
|                                  |                                    |                          |             |                          |                   |                  |        | Stations          |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
|                                  | ļ                                  |                          |             |                          |                   |                  |        |                   |
|                                  | ļ                                  |                          |             |                          | ļ                 |                  |        |                   |
|                                  | ļ                                  |                          |             |                          | ļ                 |                  |        |                   |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
| Total DSEs                       |                                    |                          | 0.00        | Total DSEs               |                   |                  | 0.00   |                   |
| Gross Receipts First Gro         | up                                 | \$                       | 0.00        | Gross Receipts Second    | d Group           | \$               | 0.00   |                   |
| Base Rate Fee First Gro          | up                                 | \$                       | 0.00        | Base Rate Fee Second     | d Group           | \$               | 0.00   |                   |
| S                                | EVENTH                             | SUBSCRIBER GROU          | P           |                          | EIGHTH            | SUBSCRIBER GROUP |        |                   |
| COMMUNITY/ AREA                  |                                    |                          | 0           | COMMUNITY/ AREA          |                   |                  | 0      |                   |
| CALL SIGN                        | DSE                                | CALL SIGN                | DSE         | CALL SIGN                | DSE               | CALL SIGN        | DSE    |                   |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
|                                  |                                    |                          |             | -                        |                   |                  |        |                   |
|                                  |                                    |                          |             | -                        |                   |                  |        |                   |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
|                                  |                                    |                          |             | 1                        |                   |                  |        |                   |
|                                  | l                                  |                          |             |                          | ·                 | <del> </del>     |        |                   |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
|                                  |                                    |                          |             |                          |                   |                  |        |                   |
| Total DSEs                       |                                    |                          | 0.00        | Total DSEs               |                   |                  | 0.00   |                   |
| Gross Receipts Third Gr          | Gross Receipts Third Group \$ 0.00 |                          | 0.00        | Gross Receipts Fourth    | Group             | \$               | 0.00   |                   |
| Base Rate Fee Third Gr           | oup                                | \$                       | 0.00        | Base Rate Fee Fourth     | Group             | \$               | 0.00   |                   |
| Base Rate Fee: Add the           | base rate                          | e fees for each subscrib | per group a | s shown in the hoxes abo | ove.              |                  |        |                   |
| Enter here and in block 3        |                                    |                          | · g. oup u  |                          | <del></del>       | \$               |        |                   |

| DIRECTV, LLC                                   | OF CABLE | E SYSTEM:      |               |                         |                  | •              | 063019 | Name          |
|--|----------|----------------|---------------|-------------------------|------------------|----------------|--------|---------------|
| В  | LOCK A:  | COMPUTATION O  | F BASE RA     | TE FEES FOR EACH        | SUBSCR           | IBER GROUP     |        |               |
|  | FIRST    | SUBSCRIBER GRO | UP            |                         | SECONE           | SUBSCRIBER GRO | UP     | •             |
| COMMUNITY/ AREA                                |          |                | 0             | COMMUNITY/ AREA         | 9<br>Computation |                |        |               |
| CALL SIGN                                      | DSE      | CALL SIGN      | DSE           | CALL SIGN               | DSE              | CALL SIGN      | DSE    | of            |
| CALL GIGIT                                     | DOL      | O/ILL GIGIT    | DOL           | O/ILL CIGIT             | BOL              | OALL GIGIT     | BOL    | Base Rate Fee |
|  |          |                |               |                         | ····             |                |        | and           |
|  |          |                | <u></u>       |                         | ····             |                | •••••  | Syndicated    |
|  |          | +              | <u></u>       |                         | ····             |                | •••••  | Exclusivity   |
|  |          |                | <u></u>       |                         | ····             |                | •••••  | Surcharge     |
|  |          |                | <del></del>   |                         | ····             |                |        | for           |
|  |          |                |               | -                       | ····             |                |        | Partially     |
|  |          | -              | <u></u>       |                         | ····             |                | •••••  | Distant       |
|  |          | +              | <del></del>   |                         | ····             |                |        | Stations      |
|  |          |                | <del></del>   |                         | ····             |                |        | 0.00.0        |
|  |          |                |               |                         |                  |                |        |               |
|  | <b>-</b> |                |               | -                       |                  |                |        |               |
|  | -        |                |               |                         |                  |                |        |               |
|  | -        |                |               |                         |                  |                |        |               |
|  |          |                | <del></del>   |                         | ····             |                | ·····  |               |
| Total DSEs                                     |          |                | 0.00          | Total DSEs              |                  |                | 0.00   |               |
| Gross Receipts First Gro                       | oup      | \$ 709         | 9,592.70      | Gross Receipts Seco     | nd Group         | \$             | 0.00   |               |
| Base Rate Fee First Gro                        | oup      | \$             | 0.00          | Base Rate Fee Seco      | nd Group         | \$             | 0.00   |               |
|  | THIRD    | SUBSCRIBER GRO | UP            |                         | FOURTH           | SUBSCRIBER GRO | UP     |               |
| COMMUNITY/ AREA                                |          |                | 0             | COMMUNITY/ AREA         |                  |                |        |               |
| CALL SIGN                                      | DSE      | CALL SIGN      | DSE           | CALL SIGN               | DSE              | CALL SIGN      | DSE    |               |
|  |          |                |               |                         |                  |                |        |               |
|  |          | -              |               |                         |                  |                |        |               |
|  |          | -              |               |                         |                  |                |        |               |
|  |          |                |               |                         |                  |                |        |               |
|  |          |                |               |                         |                  |                |        |               |
|  |          |                |               |                         |                  |                |        |               |
|  |          |                |               |                         |                  |                |        |               |
|  |          |                |               |                         |                  |                |        |               |
|  |          |                |               |                         |                  |                |        |               |
|  |          |                |               |                         |                  |                |        |               |
|  |          |                |               |                         |                  |                |        |               |
|  |          |                |               |                         |                  |                |        |               |
|  | <u>.</u> |                | <u></u>       |                         | <u></u>          |                |        |               |
|  |          |                |               |                         |                  |                |        |               |
| Total DSEs                                     |          |                | 0.00          | Total DSEs              |                  |                | 0.00   |               |
| Gross Receipts Third G                         | oup      | \$             | 0.00          | Gross Receipts Fourt    | th Group         | \$             | 0.00   |               |
|  |          |                |               |                         |                  |                |        |               |
| Base Rate Fee Third G                          | oup      | \$             | 0.00          | Base Rate Fee Fourt     | h Group          | \$             | 0.00   |               |
|  |          |                |               |                         |                  |                |        |               |
| Base Rate Fee: Add the Enter here and in block |          |                | riber group a | as shown in the boxes a | bove.            | \$             | 0.00   |               |

### Nonpermitted 3.75 Stations

| LEGAL NAME OF OWNER DIRECTV, LLC                 | R OF CABLE    | SYSTEM:        |               |                          |                | S                 | 063019 | Name                 |
|--|---------------|----------------|---------------|--------------------------|----------------|-------------------|--------|----------------------|
| E  | BLOCK A:      | COMPUTATION O  | F BASE RA     | TE FEES FOR EACH         | SUBSCR         | BER GROUP         |        |                      |
|  |               | SUBSCRIBER GRO |               |                          |                | SUBSCRIBER GROU   | JP     |                      |
| COMMUNITY/ AREA                                  |               |                | 0             | COMMUNITY/ AREA          |                |                   | 0      | <b>9</b> Computation |
| CALL SIGN  | DSE           | CALL SIGN      | DSE           | CALL SIGN                | DSE            | CALL SIGN         | DSE    | of                   |
| OF ILLE CHOIN                                    | DOL           | CALL SIGH      | DOL           | GALLE GIGIT              | BOL            | O/ IEE OIOIT      | DOL    | Base Rate Fee        |
|  |               |                | <u></u>       |                          | ····           |                   |        | and                  |
|  |               |                | <del></del>   |                          |                |                   | ····   | Syndicated           |
|  |               |                | ···           |                          | ····           |                   | ·····  | Exclusivity          |
|  |               |                |               |                          | ····           |                   | ·····  |                      |
|  |               |                |               |                          |                |                   |        | Surcharge<br>for     |
|  |               |                | <u></u>       |                          | ····           |                   | ····-  |                      |
|  |               |                | <u></u>       |                          | <mark>.</mark> |                   |        | Partially            |
|  |               |                |               |                          |                |                   |        | Distant              |
|  |               |                |               |                          | <mark>.</mark> |                   |        | Stations             |
|  |               |                |               |                          |                |                   |        |                      |
|  |               |                |               |                          |                |                   |        |                      |
|  | <mark></mark> |                |               |                          |                |                   |        |                      |
|  |               |                |               |                          |                |                   |        |                      |
|  |               |                |               |                          |                |                   |        |                      |
|  |               |                |               |                          |                |                   |        |                      |
| Total DSEs                                       | •             |                | 0.00          | Total DSEs               | ·              |                   | 0.00   |                      |
| Gross Receipts First Gr                          | oup           | \$             | 0.00          | Gross Receipts Secon     | nd Group       | \$                | 0.00   |                      |
| Base Rate Fee First Gr                           | oup           | \$             | 0.00          | Base Rate Fee Secon      | nd Group       | \$                | 0.00   |                      |
|  | SEVENTH       | SUBSCRIBER GRO | UP            |                          | EIGHTH         | I SUBSCRIBER GROU | JP     |                      |
| COMMUNITY/ AREA                                  |               |                | 0             | COMMUNITY/ AREA          |                |                   | 0      |                      |
| CALL SIGN  | DSE           | CALL SIGN      | DSE           | CALL SIGN                | DSE            | CALL SIGN         | DSE    |                      |
|  |               |                |               |                          |                |                   |        |                      |
|  |               |                |               |                          |                |                   |        |                      |
|  |               |                |               |                          |                |                   |        |                      |
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|  |               |                |               |                          |                |                   |        |                      |
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|  |               |                |               |                          |                |                   |        |                      |
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|  |               |                |               |                          |                |                   |        |                      |
|  |               |                |               |                          |                |                   |        |                      |
|  |               |                |               |                          |                |                   |        |                      |
|  |               |                |               |                          |                |                   |        |                      |
|  |               |                |               |                          |                |                   |        |                      |
|  |               |                |               |                          |                |                   |        |                      |
|  |               |                |               |                          |                |                   |        |                      |
| Total DSEs                                       |               |                | 0.00          | Total DSEs               |                |                   | 0.00   |                      |
| Cross Descripts Third Cross                      |               | 0.00           |               |                          |                | 0.00              |        |                      |
| Gross Receipts Third G                           | roup          | \$             | 0.00          | Gross Receipts Fourth    | n Group        | \$                | 0.00   |                      |
| Base Rate Fee Third G                            | roup          | \$             | 0.00          | Base Rate Fee Fourth     | n Group        | \$                | 0.00   |                      |
| Base Rate Fee: Add th<br>Enter here and in block |               |                | riber group a | as shown in the boxes al | bove.          | \$                |        |                      |

ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name DIRECTV, LLC 063019 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 First 50 major television market Second 50 major television market of Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exclusivity Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations vour actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . Third Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name DIRECTV, LLC 063019 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 First 50 major television market Second 50 major television market of Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exclusivity Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations vour actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . Third Group . . . . . . . . . . . . . . . .

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

 Space A
Accounting
Period

Space B Owner

Space D Area Served

Space E Secondary Transission Service

Subscribers:

and Rates
Space G
Primary
Transmitters:
Television

Space H Primary Transmitters: Radio

| C           | ble<br>rksheet |
|-------------|----------------|
| Cable ID #  |                |
| Examined by | Reviewed by    |

☐ January 1 - June 30, 2017

☐ Letter sent

Accepted Accepted

☐ Letter sent

☐ Accepted

☐ Letter sent☐ Accepted☐

☐ Letter sent

□ Accepted

☐ Letter sent

Accepted Accepted

☐ Accepted

| D |                            |  |               |     |
|---|----------------------------|--|---------------|-----|
|   | ate of remittance          | □ Check □ EFT                                | ☐ FILING FEES |     |
|   |                            |  | Amount        | lni |
| ı | Date examination completed | Allocation number                            |               |     |
|   |                            |  |               |     |
|   |                            | July 1 - December 31, 2017                   |               |     |
|   |                            | Information received                         |               |     |
|   |                            | Phone call/Date/Contact                      |               |     |
|   |                            | Information received Phone call/Date/Contact |               |     |
|   |                            | Information received                         |               |     |
|   |                            | Phone call/Date/Contact                      |               |     |
|   |                            |  |               |     |
|   |                            | Information received                         |               |     |
|   |                            | Phone call/Date/Contact                      |               |     |
|   |                            | Information received                         |               |     |
|   |                            | Phone call/Date/Contact                      |               |     |

☐ Phone call/Date/Contact

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