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.

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

Return completed workbook by email to:

coplicsoa@loc.gov

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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | |
|------------|--|--|--------------------------------------|-----------------|
| Accounting | 2024/1 | | | |
| Period | | | | |
| B Owner | Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the covering the entire accounting the interest of 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. e accounting period should sub | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | |
| | DIRECTV, LLC | | | |
| | | | | |
| | | | | 06302020241 |
| | | | | 063020 2024/1 |
| | | | | |
| | 2260 E Imperial Hwy Room 839 | | | |
| | El Segundo, CA 90245 | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to it | • | | |
| | names already appear in space B. In line 2, give the mailing address of | the system, if diff | erent from the address give | en in space B. |
| System | 1 DENTIFICATION OF CABLE SYSTEM: | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | |
| | 2 (Number, street, rural route, apartment, or suite number) | | | |
| | (City, town, state, zip code) | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the frst comr | munity served below and re | list on page 1b |
| Area | with all communities. | · | • | . 0 |
| Served | CITY OR TOWN | STATE | | |
| First | BIRMINGHAM | AL | | |
| Community | Below is a sample for reporting communities if you report multiple cha | annel line-ups in S | pace G. | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# |
| Sample | Alliance | MD MD | A B | 1 2 |
| | Alliance Gering | MD MD | В | 3 |
| | | 1110 | | , |

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.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 063020 **DIRECTV, LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas," 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form **Area** of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN CH LINE UP SUB GRP# STATE **BIRMINGHAM** AL AA **First** AL Adamsville AA 1 Community AA 1 Addison AL Alabaster AL AA 1 Albertville AL AB 3 **Alexander City** AL AC 6 Alexandria AA AL 5 Anniston ΑL AA 2 See instructions for Arley AL AA additional information on alphabetization. **Athens** ΑL AB 3 Attalla AL AA 1 **Autauga Unincorporated County** AL AC 6 **Baileyton** AL AA **Bessemer** AL AA **Bibb Unincorporated County** AL AA 1 Add rows as necessary. **Blount Unincorporated County** AL AA 1 **Brighton** AL AA 1 **Brookwood** AL AA 1 **CALERA** AL AA **Calhoun Unincorporated County** ΑL AA **Center Point** AL AA Chelsea AL AA **Chilton Unincorporated County** AL AA 1 Choccolocco AL AA 5 Clanton AL AA Clay AL AA AL AA Coaling Coker AL AA 1 **Colbert Unincorporated County** AL AB 4 Columbiana AL AA **County Line** AL AA Cullman AL AA **Cullman Unincorporated County** AL AA Deatsville AL AC 6 **Decatur** AL AB 3 **Douglas** AL AB 3 **Elmore Unincorporated County** AC AL 6 **Etowah Unincorporated County** AL AA Eva AB AL 3 **Fairfield** AL AA 1 **Florence** AL AB

| Forestdale | AL | AA | 1 |
|----------------------------------|-------|----------|---------------|
| | | | |
| Fultondale | AL | AA | 11 |
| Gadsden | AL | AA | 11 |
| Gardendale | AL | AA | 1 |
| Glencoe | AL | AA | 2 |
| Good Hope | AL | AA | 1 |
| Graysville | AL | AA | 1 |
| Guntersville | AL | AB | 3 |
| Harpersville | AL | AA | |
| Hartselle | AL | AB | <u>1</u> 3 |
| | | | |
| Harvest | AL | AB | 3 |
| Hayden | AL | AA | 1 |
| Hazel Green | AL | AB | 3 |
| Helena | AL | AA | 1 |
| Hokes Bluff | AL | AA | 1 |
| Holly Pond | AL | AA | 1 |
| Homewood | AL | AA | 1 |
| Hoover | AL | AA | 1 |
| Hueytown | AL | AA | 1 |
| | | | |
| Huntsville | AL | AB | 3 |
| Indian Springs | AL | AA | 1 |
| Irondale | AL | AA | 1 |
| Jacksonville | AL | AA | 2 |
| Jasper | AL | AA | 1 |
| Jefferson Unincorporated County | AL | AA | 1 |
| Killen | AL | AB | 3 |
| Kimberly | AL | AA | 1 |
| Lake View | | | |
| | AL | AA | 11 |
| Lauderdale Unincorporated County | AL | AB | 3 |
| Lawrence Unincorporated County | AL | AB | 3 |
| Limestone Unincorporated County | AL | AB | 3 |
| Lipscomb | AL | AA | 1 |
| Locust Fork | AL | AA | 1 |
| Madison | AL | AB | 3 |
| Madison Unincorporated County | AL | AB | 3 |
| Marshall Unincorporated County | | | 3 |
| | AL | AB | <u> </u> |
| Maytown | AL | AA | 1 |
| Meridianville | AL | AB | 3 |
| Midfield | AL | AA | 1 |
| Mignon | AL | AA | 1 |
| Millbrook | AL | AC | 6 |
| Montevallo | AL | AA | 1 |
| Montgomery | AL | AC | 6 |
| | AL | AC | ••••• |
| Montgomery Unincorporated County | | | 6 |
| MORGAN UNINCORPORATED COUNTY | AL | AB | 3 |
| Morris | AL | AA | 11 |
| Moulton | AL | AB | 3 |
| Mount Olive | AL | AA | 1 |
| Mountain Brook | AL | AA | 1 |
| Muscle Shoals | AL | AB | 4 |
| Northport | AL | AA | 1 |
| Oxford | AL | AA | 2 |
| Pelham | AL | AA AA | 1 |
| | | | |
| Pike Road | AL | AC | 6 |
| Pinson | AL | AA | 1 |
| Discount Course | AL | AA | 1 |
| Pleasant Grove | | | _ |
| Prattville | AL | AC | 6 |
| | AL AL | AC AB | <u>6</u> 3 |
| Prattville | | | |

| | | r | T |
|--|-----|----------|----------|
| Sheffield | AL | AB | 4 |
| Shelby | AL | AA | 1 |
| Shelby Unincorporated County | AL | AA | 1 |
| South Vinemont | AL | AA | 1 |
| Southside | AL | AA | 1 |
| Steele | AL | AA | 1 |
| Sumiton | AL | AA | 1 |
| | | | |
| Sylacauga | AL | AA | 1 |
| Sylvan Springs | AL | AA | 1 |
| Talladega Unincorporated County | AL | AA | 1 |
| Tarrant | AL | AA | 1 |
| Triana | AL | AB | 3 |
| Trinity | AL | AB | 3 |
| Tuscaloosa | AL | AA | 1 |
| Tuscaloosa Unincorporated County | AL | AA | 1 |
| Tuscumbia | AL | AB | 4 |
| Vance | AL | AA | 4 |
| | | 4 | 1 |
| Vestavia Hills | AL | AA | 1 |
| Walker Unincorporated County | AL | AA | 1 |
| Warrior | AL | AA | 1 |
| Waterloo | AL | AB | 4 |
| Weaver | AL | AA | 2 |
| West Blocton | AL | AA | 1 |
| West Point | AL | AA | 1 |
| Westover | AL | AA | 1 |
| | | ļ | |
| Wetumpka | AL | AC | 6 |
| Wilsonville | AL | AA | 1 |
| Winston Unincorporated County | AL | AA | 1 |
| Woodstock | AL | AA | 1 |
| | TN | AB | 2 |
| Fayetteville | 111 | _ AD | <u> </u> |
| Fayetteville | | | 3 |
| Fayetteville Lincoln Unincorporated County | TN | AB | 3 |
| | | | |

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Name Legal name of owner of cable system: SYSTEM ID#
DIRECTV, LLC 063020

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BL | OCK 1 | | BLOCK 2 | | | | |
|--|-------------|----|---------|------------------------|-------------|------|-----------|
| | NO. OF | | | | NO. OF | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | | RATE | CATEGORY OF SERVICE | SUBSCRIBERS | | RATE |
| Residential: | | | | | | | |
| Service to first set | 19,004 | \$ | 26.00 | HD Tech Fee | 16,201 | \$ | 10.00 |
| Service to additional set(s) | | | | Set-Top Box | 19,249 | | \$0-\$15 |
| FM radio (if separate rate) | | | | Broadcast TV Surcharge | 19,004 | 12.9 | 9-\$13.99 |
| Motel, hotel | | | | | | | |
| Commercial | 245 | \$ | 20.00 | | | | |
| Converter | | | | | | | |
| Residential | | | | | | | |
| Non-residential | | | | | | | |
| | | | | | | | |

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 |
| Pay cable—add'l channel | \$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 | | | |

| LEGAL NAME OF OWNI | ER OF CABLE SY | STEM: | | | SYSTEM ID# 063020 | Name |
|---|--|--|--|---|---|--|
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | |
| In General: In space carried by your cable sy FCC rules and regulatic 76.59(d)(2) and (4), 76 substitute Basis S basis under specific FC • Do not list the station station was carried a basis. For further intin the paper SA3 for Column 1: List eac each multicast stream a cast stream as "WETA wETA-simulcast). Column 2: Give th its community of licenson which your cable sy: Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local service Column 5: If you h cable system carried the distant static For the retransmissiof a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the | G, identify everystem during the property of the control of the co | ery television the accounting of June 24, 198 at 19, or 76.63 (r d in the next prespect to a tions, or authors. The following of the station accounting substitute basis. The station accounting the station. The whether the ter "N" (for near the station accounting the station or before Junitter or an associated accounting the station accounting the station or before Junitter or an associated accounting the station or before Junitter or an associated accounting the station or before Junitter or an associated accounting the station or station accounting the stat | period, except (81, permitting the eferring to 76.61 paragraph. ny distant stationizations: it in space I (the tion was carried ute basis station to treport origin cording to its over be reported in control of the general instruction of the general instruction are two for the feed of the general instruction in the service area, (in general instruction is a general instruction of the general instr | (1) stations carried e carriage of certa (e)(2) and (4))]; all ons carried by your end of the carriage of certa (e)(2) and (4))]; all ons carried by your end of the carried by your end of the carried both on a substitution, see page (v) of the carried both on a substitution program is carried easily and the carried designation of the carried by the | ter "Yes". If not, enter "No". For an expaper SA3 form. Inn 5, stating the basis on which your being "LAC" if your cable system apacity. In a payment because it is the subject been or an association representing of transmitter, enter the designation and the paper SA3 form. | |
| FCC. For Mexican or C | anadian statio | ns, if any, give | e the name of th | e community with | munity to which the station is licensed by to which the station is identifed. r each channel line-up. | he |
| Note: II you are utilizi | ng multiple ci | | EL LINE-UP | ' | r each channer line-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| WABM-/HD | 68/1068 | ı | No | | Birmingham, AL | |
| WBMALD/WBMAL | 58/1058 | N | No | | Birmingham, AL | See instructions for |
| WBIQ/HD | 10/1010 | E | Yes | 0 | Birmingham, AL | additional information or alphabetization. |
| WBRC/HD | 6/1006 | I | No | | Birmingham, AL | |
| WEAC-CD | 24 | I | No | | Jacksonville, AL | |
| WIAT/HD | 42/1042 | N | No | | Birmingham, AL | |
| WPXH/HD | 44/1044 | I | No | | Gadsden, AL | |
| WTJP | 60 | I | No | | Gadsden, AL | |
| WTTO-/HD | 21/1021 | I | No | | Homewood, AL (Jefferson County) | |
| WVTM/HD | 13/1013 | N | No | | Birmingham, AL | |
| WVUA/WVUAHD | 23/1023 | I | No | | Tuscaloosa, AL | |
| | | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063020 DIRECTV. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: · Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 3. TYPE 1. CALL 2. B'CAST 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL ΟF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) WAAY/WAAYHD 31/1031 Ν No Huntsville, AL WAFF/WAFFHD 48/1048 Ν No Huntsville, AL WHDF/WHDFHD 15/1015 ı No Florence, AL WHIQ/WHIQHD Е 25/1025 Yes 0 Huntsville, AL WHNT/WHNTHD HUNTSVILLE, AL 19/1019 Ν No WTZT-CD ı 11 No Athens, AL WZDX/WZDXHD 54/1054 No HUNTSVILLE, AL

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063020 **DIRECTV. LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: · Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 3. TYPE 2. B'CAST 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN CHANNEL ΟF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) WAIQ/WAIQHD 26/1026 Ε No Montgomery, AL WAKA/WAKAHD 8/1008 Ν No Selma, AL **WBIH** 29 ı No Selma, AL WBMM/WBMMHD 22/1022 ı No Tuskegee, AL WCOV/WCOVHD 20/1020 Т No Montgomery, AL WFRZ-LD ı 34 No Montgomery, AL WIYC/WIYCHD 48/1048 ı No Troy, AL **WMCF** 45 ı No Montgomery, AL WNCF/WNCFHD 32/1032 Ν No Montgomery, AL WSFA/WSFAHD 12/1012 Ν No Montgomery, AL

| LEGAL NAME OF OWN | JER OF CARLE SV | STEM: | | | SYSTEM ID# | |
|--|---|---|---|--|--|-----------------------------|
| DIRECTV, LLC | | STEIW. | | | 063020 | Name |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | N | | | | |
| carried by your cable s FCC rules and regulat | system during the | ne accounting June 24, 198 | period, except (31, permitting the | stations carried carriage of certai | and low power television stations) only on a part-time basis under n network programs [sections nd (2) certain stations carried on a | G Primary |
| | Stations: With | espect to any | distant stations | carried by your ca | ble system on a substitute program | Transmitters: Television |
| basis under specifc F(Do not list the station station was carried | n here in space | G—but do list | | e Special Statemer | nt and Program Log)—if the | |
| • List the station here, | and also in spa nformation conc | ce I, if the sta | | | te basis and also on some other the general instructions located | |
| Column 1: List each multicast stream | ch station's call associated with | a station acc | ording to its over | er-the-air designation | such as HBO, ESPN, etc. Identify on. For example, report multi- stream separately; for example | |
| Column 2: Give th | | | - | | n for broadcasting over-the-air in nay be different from the channel | |
| | e in each case v | vhether the st | | - | pendent station, or a noncommercial | |
| (for independent multi- For the meaning of the Column 4: If the si planation of local serv | cast), "E" (for no ese terms, see p tation is outside ice area, see pa | oncommercial page (v) of the the local serv age (v) of the | educational), or e general instruc rice area, (i.e. "d general instruction | · "E-M" (for noncom tions located in the listant"), enter "Yes ons located in the p | s". If not, enter "No". For an ex- | |
| cable system carried t carried the distant stat For the retransmiss | he distant statio tion on a part-tir sion of a distant | n during the a ne basis beca multicast stre | accounting perionuse of lack of action that is not si | d. Indicate by ente ctivated channel ca ubject to a royalty p | ring "LAC" if your cable system | |
| tion "E" (exempt). For explanation of these the Column 6: Give the | simulcasts, also nree categories, le location of ea | enter "E". If y see page (v) ch station. Fo | you carried the coordinate of the general in r U.S. stations, I | channel on any oth enstructions located list the community | transmitter, enter the designa- er basis, enter "O." For a further in the paper SA3 form. to which the station is licensed by the | |
| FCC. For Mexican or Note: If you are utilizing | | | | • | which the station is identifed. hannel line-up. | |
| | | CHANN | EL LINE-UP | AD | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| | | | | | | |
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| LEG | AL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | Name |
|---|---|--|-------------|--|
| DIF | RECTV, LLC | | 063020 | |
| Ins all a (as pag | tructions: The figure you give in this space determines the form you fle and the amount yamounts (gross receipts) paid to your cable system by subscribers for the system's secondentified in space E) during the accounting period. For a further explanation of how to cope (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts. | dary transmission sompute this amount, s | ,070,958.43 | K Gross Receipts |
| | | (7 tillouit of gross | Toodipto) | |
| • Cor • Cor • If you fee • If you accord | YRIGHT ROYALTY FEE uctions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. bur system did not carry any distant television stations, leave block 3 blank. Enter the amount of the system did carry any distant television stations, you must complete the applicable participancy in this form and attach the schedule to your statement of account. | ts of the DSE Sched | | L Copyright Royalty Fee |
| | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ck 3 below. | entered on line 1 of | | |
| | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be er elow. | ntered on line 2 in blo | ock | |
| | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below. | d be entered on line | | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period. | s 1.064 percent of th | ne | |
| | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. | \$ 8 | ,070,958.43 | |
| | This is your minimum fee. | \$ | 85,875.00 | |
| Block 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the it space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero | 4, you must check | | |
| 3 | | _Ψ | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | | 0.00 | |
| | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ | 1,366.31 | |
| Block 4 | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger | \$ | 85,875.00 | 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 additional |
| | zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | 0.00 | deposits under Section 111(d)(7) should contact the Licensing |
| | Line 4. FILING FEE | \$ | 725.00 | additional fees. Division for the |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | 86,600.00 | appropriate form for submitting the additional fees. |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Sometimes of Section 1) general instructions located in the paper SA3 form for more information.) | ee page (i) of the | | auditional fees. |

ACCOUNTING PERIOD: 2024/1

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | FORM SA3E. PAGE 8. SYSTEM ID# |
|--------------------------|---|--------------------------------|
| IVallie | DIRECTV, LLC | 063020 |
| | CHANNELS | |
| M | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta | tions |
| Channels | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. | |
| | Enter the total number of channels on which the cable | 50 |
| | system carried television broadcast stations | |
| | Enter the total number of activated channels | |
| | on which the cable system carried television broadcast stations | 1,741 |
| | and nonbroadcast services | .,, |
| | | |
| N | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) | |
| Individual to | | |
| Be Contacted for Further | Name Myriam Nassif Telephone 31 | 0-964-1930 |
| Information | Name myriam Nassii | 0 004 1000 |
| | Address 2260 E Imperial Hwy Room 839 | |
| | 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) | |
| | | |
| 0 | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulation | ons.) |
| Certification | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) | |
| | | |
| | (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste | m as identified |
| | in line 1 of space B and that the owner is not a corporation or partnership; or | in do idontinod |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or | f the cable system |
| | in line 1 of space B. | |
| | • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained her are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. | əin |
| | [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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibi | |
| | Typed or printed name: Sara Gunther | |
| | | |
| | I | |
| | 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.

| | YSTEM ID# | Name |
|--|-------------------------------|---|
| DIRECTV, LLC | 063020 | |
| 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the base service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmismade by satellite carriers to satellite dish owners? X NO | sic le sub- 19." the | P Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address Name Mailing Address | | |
| INTEREST ASSESSMENTS | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpater an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | yment. | 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 | - days | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | _ | |
| x 0.0027 | 4 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | - | |
| (interest cha | arge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | please | |
| ** 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 offling. | original | |
| 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, 198l, on a substitute and/or
 part-time basis only and complete the log to determine the portion of
 the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

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

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

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:

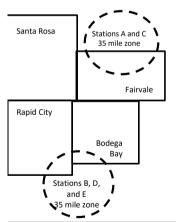
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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)

| | | | | | 0) | CTEM ID# | | | | | | |
|----------------------|---|---------------------|------------------------------------|-----------------|--------------------------|---|--|--|--|--|--|--|
| 1 | LEGAL NAME OF OWNER OF CABL | LE SYSTEM: | | | 3 | STEM ID# | | | | | | |
| - | DIRECTV, LLC | | | | | 063020 | | | | | | |
| | SUM OF DSEs OF CATEGO | RY "O" STATIOI | NS: | | | | | | | | | |
| | Add the DSEs of each station | n. | | | | | | | | | | |
| | Enter the sum here and in line | 1 of part 5 of this | s schedule. | | 0.50 | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Instructions: | Sian": list the ca | ll signs of all distant stations i | dentified by th | e letter "Ω" in column 5 | | | | | | | |
| | In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). | | | | | | | | | | | |
| Computation | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- | | | | | | | | | | | |
| | mercial educational station, give the DSE as ".25." | | | | | | | | | | | |
| Category "O" | CATEGORY "O" STATIONS: DSEs | | | | | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | | |
| | WBIQ/HD | 0.250 | | | | | | | | | | |
| | WHIQ/WHIQHD | 0.250 | | | | | | | | | | |
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| Add rows as | | | | | | | | | | | | |
| necessary. | | | | | | | | | | | | |
| Remember to copy all | | | | | | | | | | | | |
| formula into new | | | | | | | | | | | | |
| rows. | | | | | | | | | | | | |
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| Name | DIRECTV, L | DWNER OF CABLE SYSTEM: | | | | | | 8YSTEM ID# 063020 |
|---|--|---|--|---|---|--|--|----------------------|
| 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 | st the call sign of all distal 2: For each station, give the correspond with the inform 3: For each station, give the 4: Divide the figure in colulate at least to the third decin 5: For each independent so value as ".25." 3: Multiply the figure in colupoint. This is the station's | ne number of homation given in the total number mn 2 by the figural point. This istation, give the figuran 4 by the figuran 4 by the figuran 10 homes. | ours your cable system of space J. Calculate only of hours that the station our in column 3, and gives the "basis of carriage of "type-value" as "1.0." For gure in column 5, and gives | carried the statio one DSE for each of broadcast over the the result in devalue" for the stator each network | on during the accounting ch station. the air during the accounce cimals in column 4. This tion. or noncommercial educations of the column 6. Round to no less that the column 6. Round the column 6. Round to no less that the column 6. Round to no | nting period. s figure must ational station, | |
| Capacity | - | (| CATEGORY | LAC STATIONS: 0 | COMPLITATION | ON OF DSEs | | |
| | 1. CALL SIGN | 2. NUMBE OF HOL CARRIE SYSTEM | R JRS ED BY | 3. NUMBER OF HOURS STATION ON AIR | 4. BASIS OF CARRIAG VALUE | 5. TYPE | | SE |
| | | | ÷ | | | x | = | |
| | | | ÷ | | | x x | | |
| | | | ÷ | | | x | | |
| | | | ÷ | = | | x | = | |
| | | | ÷ | = | | x | = | |
| | | | ÷ | = | | x x | = | |
| Computation of DSEs for Substitute-Basis Stations | Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third | | | | | | | |
| | | CII | DOTITUTE | BASIS STATIONS | · COMPLITA | TION OF DOEs | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBE OF DAY IN YEAR | ER 4. DSE S | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
| | | - | | = | | ÷ | | = |
| | | - | | | | ÷ | • | = |
| | | | | = | | | • | = |
| | | 4 | | = | | + | | = |
| | 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 am | | poxes in parts 2, 3, and 4 | of this schedule | and add them to provide | the total | |
| Total Number | 1. Number | r of DSEs from part 2 ● | | | | · | 0.50 | |
| of DSEs | 2. Number | r of DSEs from part 3 ● | | | | · | 0.00 | |
| | 3. Number | r of DSEs from part 4 ● | | | | · | 0.00 | |
| | TOTAL NUMBE | ER OF DSEs | | | | | | 0.50 |

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

| LEGAL NAME OF OV | VNER OF CABLE S | YSTEM: | | | | | S | YSTEM ID# 063020 | Name |
|--|---|---|--|---|---|---|---------------------|---------------------|---|
| Instructions: Block In block A: • If your answer if "\schedule. | Yes," leave the rer | mainder of pa | | of the DSE sched | ule blank and | complete part | 8, (page 16) of the | | 6 |
| If your answer if "N | vo, complete bloc | | | TELEVISION MA | ARKETS | | | | Computation of |
| | 1981? | tside of all m | ajor and small | | ned under sec | | C rules and regul | ations in | 3.75 Fee |
| | | BLO | CK B: CARR | IAGE OF PERM | /ITTED DS | Es | | | |
| Column 1: CALL SIGN | under FCC rules | and regulation ne DSE Sche | ons prior to Jui dule. (Note: Th | part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below re Act of 2010.) | rther explanat | tion of permitte | d stations, see the | e | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC r. A Stations carrie 76.61(b)(c)] B Specialty static C Noncomeric D Grandfatherec instructions fc E Carried pursua *F A station pre | ed pursuant long as defined all educations distation (76. or DSE schedant to individually carries). | ulations cited be to the FCC mand in 76.5(kk) (76.565) (see paragulule). ual waiver of Fed on a part-ting grade-Both in Fed on a part-ting grade-Both in the fed on a part-ting grade-Both in grade-Both in the fed on a part-ting grade-Both in grade-Both i | ne or substitute bas contour, [76.59(d)(5 | se in effect on 6.57, 76.59(b) e)(1), 76.63(a) 63(a) referring ostitution of gr | June 24, 1981, 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered st | 6.63(a) referring t | | |
| Column 3: | | e stations ide | ntified by the I | n parts 2, 3, and 4 cetter "F" in column | | | orksheet on page | T | |
| SIGN | BASIS | J. DJL | SIGN | BASIS | J. DJL | SIGN | BASIS | J. DJL | |
| WBIQ/HD | С | 0.25 | | | | | | | |
| WHIQ/WHIC | С | 0.25 | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | 0.50 | |
| | | В | SLOCK C: CC | MPUTATION OF | 3.75 FEE | | | | |
| Line 1: Enter the t | otal number of [| SEs from p | part 5 of this s | schedule | | | | | |
| Line 2: Enter the | sum of permitted | DSEs from | block B abo | ve | | | | | |
| _ine 3: Subtract lii (If zero, le | | | | of DSEs subject to a schedule | | ate. | | | |
| _ine 4: Enter gros | s receipts from | space K (pa | ge 7) | | | | x 0.03 | 375 | Do any of the DSEs represen partially |
| Line 5: Multiply lin | e 4 by 0.0375 ar | nd enter sur | n here | | | | х | | permited/ partially nonpermitted |
| Line 6: Enter total | number of DSE | s from line 3 | 3 | | | | | | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply lin | e 6 by line 5 and | l enter here | and on line 2 | 2, block 3, space I | L (page 7) | | | 0.00 | |

| EGAL NAME OF C | OWNER OF CABLE S | SYSTEM: | | | | | S | STEM ID# 063020 | Name |
|-----------------|-----------------------|---------|-----------------|--------------------|----------|-----------------|-----------------------|--|----------------------------|
| | | BLOCK | (A: TELEVIS | ION MARKETS | (CONTINU | JED) | | | |
| 1. CALL SIGN | 2. PERMITTED BASIS | | 1. CALL SIGN | 2. PERMITTED BASIS | | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 |
| | | | | | | | | | Computation of 3.75 Fee |
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ACCOUNTING PERIOD: 2024/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **DIRECTV, LLC** 063020 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 Yes—Complete blocks B and C. No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer 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 | AME OF OWNER OF CABLE SYSTEM: DIRECTV, LLC SYSTEM ID# 063020 | Name |
|---------------|--|---------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | Computation of the |
| | B. Enter the total number of exempt DSEs from block C of part 7 | Syndicated Exclusivity |
| | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8 | 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 3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE | |
| | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | |
| | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here | |
| | D. Multiply line B by line C and enter here | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | |
| | | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | |
| | C. Multiply line B by 3.000 and enter here | |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) | |
| | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | |
| | F. Multiply line D by line E and enter here | |
| | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | |
| | | |
| | SECTION 4: SECOND 50 TELEVISION MARKET | |
| Section | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. | |
| 4a | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE | |
| | is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | |
| | 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 | 063020 | | | | | | |
| 7 | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. | | | | | | | |
| Computation | | A. Enter 0.00300 of gross receipts (the amount in section 1) | | | | | | | |
| of the Syndicated | | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | | | | | | | |
| Exclusivity 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 checked "Yes," use the total number of DSEs from part 5. | art | | | | | | |
| | | checked Tes, use the total number of Bots from part of bots from p | | | | | | | |
| Computation | _ | ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. | la | | | | | | |
| of Base Rate Fee | • if you blank | ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be :. | low | | | | | | |
| | | 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 "loc e area," see page (v) of the general instructions. | cal | | | | | | |
| | 3017100 | s dreat, see page (v) of the general institutions. | | | | | | | |
| | | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | | | | | | | |
| | • Did y | our cable system retransmit the signals of any partially distant television stations during the accounting period? | | | | | | | |
| | | X Yes—Complete part 9 of this schedule. No—Complete the following sections. | | | | | | | |
| | | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE | | | | | | | |
| | Section 1 | Enter the amount of gross receipts from space K (page 7) ▶\$ | | | | | | | |
| | Section | 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.) | | | | | | | | |
| | Section | | | | | | | | |
| | 3 | If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. | | | | | | | |
| | | A. Enter 0.01064 of gross receipts (the amount in section 1) | | | | | | | |
| | | B. Enter 0.00701 of gross receipts (the amount in section 1)▶ | | | | | | | |
| | | 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) | 0.00 | | | | | | |
| | | Base Rate Fee | | | | | | | |

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

| LEGAL NAM | ME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | |
|----------------------|--|------------------|---------------------------------------|
| DIREC | TV, LLC | 063020 | Name |
| Section If | the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | | |
| 4 | A. Enter 0.01064 of gross receipts | | 8 |
| | (the amount in section 1) \$ | | |
| | B. Enter 0.00701 of gross receipts | | Computation |
| | (the amount in section 1) \$ | | of Base Rate Fee |
| | C. Multiply line B by 3.000 and enter here \$ | | Dase Nate 1 ce |
| | 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 | | |
| | | | |
| | | | |
| | G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) | | |
| | Base Rate Fee | 0.00 | |
| IMPORT | ANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca | st signals shall | |
| instead b Space G | be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe | l line-ups in | 9 |
| | ral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee from subscribers located within the station's local service area, from your system's total gross receipts. To take a | | Computation |
| | n, you must: | availage of this | of Base Rate Fee |
| | vide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to | | and Syndicated |
| | r the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine Id the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for | | Exclusivity |
| | Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | | Surcharge for |
| also com | fany portion of your cable system is located within the top 100 television market and the station is not exempt in p upute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be le system is wholly located outside all major television markets, complete block A only. | | Partially Distant Stations, and |
| How to | dentify a Subscriber Group for Partially Distant Stations | | for Partially Permitted |
| | For each community served, determine the local service area of each wholly distant and each partially distant stat o that community. | ion you | Stations |
| outside t | For each wholly distant and each partially distant station you carried, determine which of your subscribers were loo he station's local service area. A subscriber located outside the local service area of a station is distant to that sta ken, the station is distant to the subscriber.) | | |
| subscrib | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. er group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the only one subscriber group when the distant stations it carried have local service areas that coincide. | | |
| | ing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst | em's subscriber | |
| In each s | section: | | |
| - | the communities/areas represented by each subscriber group. | | |
| subscrib | e call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all ers in the group. | of the | |
| • lf: | ystem is located wholly outside all major and smaller television markets, give each station's DSE as you gave it ir | n parts 2 3 and | |
| 4 of this | schedule; or, prtion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b | | |
| | of this schedule. | look B, | |
| | DSEs for each station. This gives you the total DSEs for the particular subscriber group. | | |
| | ite gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general i paper SA3 form. | nstructions | |
| page. In DSEs for | te a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that group's complement of stations and total gross receipts from the subscribers in that group). You do not need alculations on the form. | at is, the total | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063020 **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.

| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of WBIQ/HD 0.25 Base Rate and Syndicate Exclusiving for Partially Distant | EGAL NAME OF OWNER DIRECTV, LLC | R OF CABLE | E SYSTEM: | | | | | 063020 | Name |
|--|---------------------------------|----------------|-----------------|-------------|--------------------------------------|-------------|----------------|------------|-------------|
| COMMUNITY/AREA | E | BLOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRIE | SER GROUP | | |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SER RATE FOR FIRST Group S. 5,392,606.04 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SER RATE FOR FIRST Group S. 5,392,606.04 CALL SIGN DSE CA | | FIRST | SUBSCRIBER GROU | Р | SECOND SUBSCRIBER GROUP | | | | • |
| CALL SIGN DSE CALL SIGN | COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | _ |
| | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| | | | | | WBIQ/HD | 0.25 | | | Base Rate I |
| Exclusive Surface Stations | | | | | | | | | |
| Surcharg Formation Surcharg Formation Surcharg Formation Formati | | | | | | | | | |
| Partially Distant Stations Distant DSEs OLAID DSESCRIBER GROUP OMMUNITY/ AREA OLAID DSESCRIBER GROUP OLAID DS | | | | | | | | | |
| Partially Distant Stations Distal DSEs OLSO Total DSES OLSO THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DSE CA | | | | | | <u></u> | | | |
| Distant Stations Distant Stat | | | | <u> </u> | | <u></u> | | ······ | |
| Stations Statio | | <u></u> | | | | | | | |
| ase Rate Fee First Group S 5,392,606.04 S 0.00 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUN | | | | | | | | | Stations |
| ase Rate Fee First Group S 5,392,606.04 S 0.00 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUN | | | | | | | | | |
| ase Rate Fee First Group S 5,392,606.04 S 0.00 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUN | | | | | | | | | |
| ase Rate Fee First Group S 5,392,606.04 S 0.00 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUN | | | | | | | | | |
| ross Receipts First Group s 5,392,606.04 ase Rate Fee First Group s 196,062.76 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O COMMUNITY/ A | | | | <u> </u> | | <u> </u> | | | |
| ross Receipts First Group s 5,392,606.04 ase Rate Fee First Group s 196,062.76 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O COMMUNITY/ A | | . | | ļ | | <u>-</u> | | | |
| ross Receipts First Group s 5,392,606.04 ase Rate Fee First Group s 196,062.76 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O COMMUNITY/ A | | | | <u> </u> | | | | | |
| Asse Rate Fee First Group THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE WHIQ/WHIQHD OLZ5 DIALL SIGN DSE TOTALL DSES TOTAL DSES TOT | otal DSEs | | | 0.00 | Total DSEs | | | 0.25 | |
| THIRD SUBSCRIBER GROUP CALL SIGN DSE CALL S | ross Receipts First Gr | oup | \$ 5,392 | ,606.04 | Gross Receipts Secon | d Group | \$ | 196,062.76 | |
| THIRD SUBSCRIBER GROUP CALL SIGN DSE WHIQ/WHIQHD 0.25 WHIQ/WHIQHD DOMNON TO TO TO TO TO TO TO TO TO SEED TO TO TO SEED TO TO SEED TO TO SEED TO | | | | | | | | | |
| COMMUNITY/ AREA D COMMUNITY/ AREA D CALL SIGN DSE CA | ase Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 521.53 | |
| CALL SIGN DSE CALL SIGN DSE WHIQ/WHIQHD 0.25 WHIQ/WHIQHD 0.25 DIAI DSEs Otal DSEs Total | | THIRD | SUBSCRIBER GROU | Р | | FOURTH | SUBSCRIBER GRO |)UP | |
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| otal DSEs 0.00 Total DSEs 0.25 Gross Receipts Third Group \$ 1,908,025.24 Gross Receipts Fourth Group \$ 317,589.11 | CALL SIGN | DSE | CALL SIGN | DSE | + | | CALL SIGN | DSE | |
| siross Receipts Third Group \$ 1,908,025.24 Gross Receipts Fourth Group \$ 317,589.11 Base Rate Fee Fourth Group \$ 844.79 | | | | <u></u> | WHIQ/WHIQHD | 0.25 | | | |
| ross Receipts Third Group \$ 1,908,025.24 Gross Receipts Fourth Group \$ 317,589.11 Base Rate Fee Fourth Group \$ 844.79 | | <u></u> | | | | <u></u> | | | |
| ross Receipts Third Group \$ 1,908,025.24 Gross Receipts Fourth Group \$ 317,589.11 Base Rate Fee Fourth Group \$ 844.79 | | <u></u> | | | | | | | |
| s 1,908,025.24 Gross Receipts Fourth Group \$ 1,908,025.24 Gross Receipts Fourth Group \$ 317,589.11 Base Rate Fee Fourth Group \$ 844.79 | | | | | | | | | |
| Gross Receipts Third Group \$ 1,908,025.24 Gross Receipts Fourth Group \$ 317,589.11 Base Rate Fee Third Group \$ 844.79 | | | | | | | | | |
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| s 1,908,025.24 Gross Receipts Fourth Group \$ 1,908,025.24 Gross Receipts Fourth Group \$ 317,589.11 Base Rate Fee Fourth Group \$ 844.79 | | | | | | | | | |
| ross Receipts Third Group \$ 1,908,025.24 Gross Receipts Fourth Group \$ 317,589.11 Base Rate Fee Fourth Group \$ 844.79 | | | | | | | | | |
| ross Receipts Third Group \$ 1,908,025.24 Gross Receipts Fourth Group \$ 317,589.11 Base Rate Fee Fourth Group \$ 844.79 | | | | | | <u></u> | | | |
| ross Receipts Third Group \$ 1,908,025.24 Gross Receipts Fourth Group \$ 317,589.11 Base Rate Fee Fourth Group \$ 844.79 | | | | | | | | | |
| ross Receipts Third Group \$ 1,908,025.24 Gross Receipts Fourth Group \$ 317,589.11 Base Rate Fee Fourth Group \$ 844.79 | | | | | | | | | |
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| siross Receipts Third Group \$ 1,908,025.24 Gross Receipts Fourth Group \$ 317,589.11 Base Rate Fee Fourth Group \$ 844.79 | | | | | | | | | |
| ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 844.79 | otal DSEs | | | 0.00 | Total DSEs | | | 0.25 | |
| | ross Receipts Third G | roup | \$ 1,908 | ,025.24 | Gross Receipts Fourth | Group | \$ | 317,589.11 | |
| ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | ase Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth Group \$ 844.79 | | | 844.79 | |
| nter here and in block 3, line 1, space L (page 7) \$ 1,366.31 | | | | ber group a | as shown in the boxes ab | ove. | • | 1 266 24 | |

| LEGAL NAME OF OWNER DIRECTV, LLC | OF CABLE | SYSTEM: | | | | SY | 063020 | Name |
|--|----------|-----------------|-------------|--------------------------|----------|------------------|----------|------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | - |
| | FIFTH | SUBSCRIBER GROU | > | SIXTH SUBSCRIBER GROUP | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
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| | | | | | | | | Distant |
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| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | <u> </u> | Щ | 0.00 | |
| Gross Receipts First Gro | NID. | \$ 2, | 939.58 | Gross Receipts Second | l Group | \$ 253 | 3,735.70 | |
| Totoss rescripts i list ore | лир | | | Gross receipts describ | Стопр | <u> </u> | 7,700.70 | |
| Base Rate Fee First Group \$ 0.00 | | | - | Base Rate Fee Second | | \$ | 0.00 | |
| S | SEVENTH | SUBSCRIBER GROU | | | EIGHTH | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Gr | oup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add the Enter here and in block 3 | | | oer group a | s shown in the boxes abo | ove. | \$ | | |
| | | | | | | | | |

| LEGAL NAME OF OWNER DIRECTV, LLC | OF CABLE | SYSTEM: | | | | S | YSTEM ID# 063020 | Name |
|--|--------------|-------------------------|---|--------------------------|---------------|-----------------|---------------------|-------------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| | | SUBSCRIBER GROU | | SECOND SUBSCRIBER GROUP | | | IP | _ |
| COMMUNITY/ AREA 0 | | | 0 | COMMUNITY/ AREA 0 | | | | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| CALL SIGN | DOL | CALL SIGN | DOL | CALL SIGN | DSL | CALL SIGN | DOL | Base Rate Fee |
| | | | | | •••• | | | and |
| | | | | | | | | Syndicated |
| | | - | | | ···· | | ···· | Exclusivity |
| | | | | | ···· | + | ···· | |
| | | | | | | | | Surcharge |
| | | | | | <mark></mark> | | ···· | for |
| | | | | | <mark></mark> | | ···· | Partially |
| | | | ļ | | | | | Distant |
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| Total DSEs | - | | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts First Gro | oup | \$ 5,392 | ,606.04 | Gross Receipts Secon | nd Group | <u>\$</u> 19 | 96,062.76 | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GROU | P | | FOURTH | SUBSCRIBER GROU | IP | |
| COMMUNITY/ AREA 0 | | | | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs 0.00 | | | Total DSEs | | | 0.00 | | |
| Gross Receipts Third Group \$ 1,908,025.24 | | ,025.24 | Gross Receipts Fourth Group \$ 317,589.11 | | 17,589.11 | | | |
| Base Rate Fee Third Group \$ 0.00 | | 0.00 | Base Rate Fee Fourth Group \$ 0.00 | | 0.00 | | | |
| Base Rate Fee: Add the | base rate | e fees for each subscri | ber aroun s | as shown in the boxes at | bove. | | | |
| Enter here and in block | | | 3 ap c | 50,00 41 | • | \$ | 0.00 | |

| LEGAL NAME OF OWNI | ER OF CABLI | E SYSTEM: | | | | • | 063020 | Name |
|--|-------------|---------------------------------|----------------|----------------------------|------------------|--------------------------------|------------|------------------|
| | | COMPUTATION (SUBSCRIBER GRO | | TE FEES FOR EAC | | IBER GROUP I SUBSCRIBER GRO | UP | • |
| COMMUNITY/ AREA 0 | | | 0 | COMMUNITY/ AREA 0 | | | | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fe |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for Partially |
| | | | | | | | | Distant |
| | | | | | | | | Stations |
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| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs 0.00 | | | | |
| Gross Receipts First C | Group | \$ | 2,939.58 | Gross Receipts Sec | ond Group | \$ | 253,735.70 | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SEVENTH SUBSCRIBER GROUP | | | | EIGHTI | H SUBSCRIBER GRO | UP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third Group | | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ 0.00 | | |
| Base Rate Fee Third Group \$ | | \$ | 0.00 | Base Rate Fee Fourth Group | | \$ | 0.00 | |
| | - · PF | l [⋆] | 0.00 | | ap | I * | 3.30 | |
| Base Rate Fee: Add t Enter here and in bloc | | | criber group a | as shown in the boxes | above. | \$ | | |

ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name DIRECTV, LLC 063020 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 063020 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 SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

Primary Transmitters: Radio

☐ Accepted

| C | Cable Worksheet | Total amount of remittance | Number of SAs rec' | d Initials |
|-------------------------------------|-----------------------------|----------------------------|------------------------------|-----------------|
| | | Date of remittance | □ Check □ EFT | ☐ FILING FEES |
| Cable ID # | | | | Amount Initials |
| Examined by | Reviewed by | Date examination completed | Allocation number | |
| Space A Accounting Period | | | | |
| | ☐ January 1 - June 30, 2017 | [| ☐ July 1 - December 31, 2017 | |
| | ☐ Letter sent | [| ☐ Information received | |
| | ☐ Accepted | | ☐ Phone call/Date/Contact | |
| Space B Owner | | | | |
| | ☐ Letter sent | [| ☐ Information received | |
| | ☐ Accepted | [| ☐ Phone call/Date/Contact | |
| Space D Area Served | | | | |
| | ☐ Letter sent |] | ☐ Information received | |
| | ☐ Accepted |] | ☐ Phone call/Date/Contact | |
| Space E Secondary Transission | | | | |
| Service Subscribers: | ☐ Letter sent | [| ☐ Information received | |
| and Rates | ☐ Accepted | [| ☐ Phone call/Date/Contact | |
| Space G Primary Transmitters: | | | | |
| Television | ☐ Letter sent | | ☐ Information received | |
| | □ Accepted |] | ☐ Phone call/Date/Contact | |
| Space H | | | | |

 $\hfill\square$ Phone call/Date/Contact

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