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

## SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
0.100.10.4	\$						
8/29/24	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMEN	Т:		
Accounting	2024/1			
Period				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the builf there were different owners during the accounting period, only the oral a single statement of account and royalty fee payment covering the entire of the characteristic conditions of the condition of the conditions of the c	siness of the cable system wher on the last day of the accounting period.	em. he accounting period should su	
				00725820241
				007258 2024/1
	3027 S SE LOOP 323 TYLER, TX 75701			
С	INSTRUCTIONS: In line 1, give any business or trade names used names already appear in space B. In line 2, give the mailing addre			
	7 11 1 1 1 1	ss of the system, if the	nerent nom the address giv	space b.
System	1 IDENTIFICATION OF CABLE SYSTEM: ALDERSON			
	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. Ide	ntify only the frst com	nmunity served below and re	elist on page 1b
Area	with all communities.	, ,	,	1 3
Served	CITY OR TOWN	STATE		
First	ALDERSON	wv		
Community	Below is a sample for reporting communities if you report multiple	channel line-ups in	Space G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
2	Alliance	MD	В	2
	Gering	MD	В	3

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

**ACCOUNTING PERIOD: 2024/1** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 007258 CEQUEL COMMUNICATIONS 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 fillings. 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. **First** Community ee instructions for

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
ALDERSON	WV	Α	1
ATHENS	WV	Α	8
BECKLEY	WV	С	5
CENTRAL RALEGH	WV	С	5 5
FAYETTE CNTY-BECKLEY	WV	С	5
FAYETTE CNTY-LEWISBUG	WV	Α	<b>5</b> <b>3</b> <b>5</b>
FAYETTEVILLE	WV	С	<b>5</b> a
GILES COUNTY	VA	Α	10 °
GLEN LEN	VA	Α	10
GREENBRIER	WV	Α	1
GREENBRIER CNTY	WV	Α	1
HINTON	WV	Α	9
LANSING	WV	Α	9 9
LESTER	WV	С	5
LEWISBURG	WV	Α	1
MABSCOTT	WV	С	<u> </u>
MATOAKA	WV	Α	
MERCER CNTY-PRINCETON	WV	Α	8 8 6
MERCER CNTY-BECKLEY	WV	С	6
MONROE COUNTY	WV	Α	2
MT. HOPE CITY	WV	С	5
NARROWS	VA	В	10
OAK HILL	WV	С	5 5
PAX	wv	С	5
PEARISBURG	VA	В	10
PEMBROKE	VA	В	10
PETERSTOWN	WV	D	10
PRINCETON CITY	WV	Α	8
QUINWOOD	WV	Α	1
RAINELLE	WV	Α	1 5
RHODELLE	WV	С	5
RICH CREEK	VA	D	10
RUPERT	WV	Α	1
SOPHIA		C	5
SUMMERS CNTY-LEWISBURG	WV	A	4
SUMMERS CNTY-PRINCETON	W	A	9
WHITE SULPHER	W	A	1
WYOMING COUNTY	WV	С	7

dditional information n alphabetization.

dd rows as necessary.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 007258

## 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:							
<ul> <li>Service to first set</li> </ul>	23,160	\$ 50.00					
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	871	\$ 45.95					
Converter							
Residential							
Non-residential							
	<u> </u>	<b>†</b>					

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

			BLOCK 2				
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	R/	ATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	17.00	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>	\$	19.00	Commercial				
<ul> <li>Fire protection</li> </ul>			• Pay cable				
<ul><li>Burglar protection</li></ul>			<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential			Fire protection				
• First set	\$	99.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>	\$	25.00	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	40.00		
Converter			Disconnect				
		• Outlet relocation \$ 25.00		25.00			
			• Move to new address \$ 99.00				

LEGAL NAME OF OW					SYSTEM ID#	Namo	
CEQUEL COM		_			007258		
PRIMARY TRANSMIT							
					s and low power television stations) d only on a part-time basis unde	G	
CC rules and regula	itions in effect or	n June 24, 19	81, permitting th	ne carriage of cer	tain network programs [sections		
'6.59(d)(2) and (4), 7 substitute program ba	Primary Transmitters:						
Substitute Basis	Television						
easis under specifc F Do not list the statio							
station was carried	d only on a subs	titute basis.			0 0,		
basis. For further i	nformation cond				itute basis and also on some othe of the general instructions located		
in the paper SA3 f Column 1: List ea		sign. Do not i	report originatio	n program service	es such as HBO, ESPN, etc. Identify		
			•	•	ation. For example, report multi-		
ast stream as "WET. VETA-simulcast).	A-∠ . SIIIIUICAST	ou eams Musi	r ne rebortea in	colullil i (IISI ead	h stream separately; for example		
Column 2: Give the			-		tion for broadcasting over-the-air ir		
on which your cable s	system carried th	ne station			may be different from the channel		
Column 3: Indicat	e in each case	whether the s			ependent station, or a noncommercia		
,	, ,	,	,,	`	cast), "I" (for independent), "I-M ommercial educational multicast)		
or the meaning of th	ese terms, see	page (v) of th	e general instru	ctions located in t	he paper SA3 form		
Column 4: If the solanation of local serv				**	es". If not, enter "No". For an ex e paper SA3 form		
Column 5: If you	have entered "Y	es" in column	4, you must co	mplete column 5,	stating the basis on which you		
able system carried arried the distant sta		_		-	tering "LAC" if your cable systen		
	•				capacity y payment because it is the subjec		
_				-			
f a written agreement entered into on or before June 30, 2009, between a cable system or an association representinα ne cable system and a primary transmitter or an association representing the primary transmitter, enter the designa							
•				• •	•		
ion "E" (exempt). For explanation of these	simulcasts, als three categories	o enter "E". If , see page (v	you carried the ) of the general	channel on any constructions locate	ther basis, enter "O." For a furthe ed in the paper SA3 form		
ion "E" (exempt). For explanation of these to Column 6: Give the	simulcasts, also three categories ne location of ea	o enter "E". If , see page (v ch station. Fo	you carried the ) of the general or U.S. stations,	channel on any c instructions locate list the communit	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the		
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ion "E" (exempt). For explanation of these to Column 6: Give the FCC. For Mexican or Note: If you are utilized.  1. CALL SIGN  WCHS-1	simulcasts, also three categories ne location of ea Canadian static ing multiple chain 2. B'CAST CHANNEL NUMBER	o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups,  CHANNI 3. TYPE  OF STATION  N	you carried the ) of the general or U.S. stations, e the name of ti use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes	channel on any constructions locate list the community with space G for each AA  5. BASIS OF CARRIAGE (If Distant)	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the h which the station is identifed a channel line-up.  6. LOCATION OF STATION  CHARLESTON, WV	See instructions for additional informatio	
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ion "E" (exempt). For explanation of these to Column 6: Give the FCC. For Mexican or Note: If you are utilized.  1. CALL SIGN  WCHS-1  WDBJ-1  WLFB-1  WOAY-1  WOAY-2  WOAY-HD1  WSWP-1  WSWP-3  WSWP-HD1	simulcasts, also three categories ne location of ea Canadian static ing multiple chair channel 2. B'CAST CHANNEL NUMBER 8 7 40 4.2 4 9 9.2 9.3 9.3	o enter "E". If , see page (v ch station. Fc ons, if any, giv nnel line-ups,  CHANNI 3. TYPE OF STATION N I N I-M N-M E E-M E-M	you carried the ) of the general or U.S. stations, e the name of ti use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes  No  No  No  No  No  No  No  No  No  N	channel on any constructions locate list the community with space G for each AA  5. BASIS OF CARRIAGE (If Distant)	ther basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the habit which the station is identified a channel line-up.  6. LOCATION OF STATION  CHARLESTON, WV  ROANOKE, VA  BLUEFIELD, WV  OAK HILL, WV  OAK HILL, WV  GRANDVIEW, WV  GRANDVIEW, WV  GRANDVIEW, WV  GRANDVIEW, WV  GRANDVIEW, WV	additional informatio	
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ion "E" (exempt). For explanation of these of Column 6: Give the CC. For Mexican or Note: If you are utilized.  1. CALL SIGN  WCHS-1  WDBJ-1  WLFB-1  WOAY-1  WOAY-2  WOAY-HD1  WSWP-1  WSWP-1  WSWP-1  WSWP-1  WWWS-1  WVNS-1	simulcasts, also three categories he location of ea Canadian static ing multiple chair channel 2. B'CAST CHANNEL NUMBER 8 7 40 4.2 4 9 9.2 9.3 9 59 59.2 59	o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANNI 3. TYPE OF STATION N I N I-M N-M E E-M E-M N I-M N-M N-M N-M N-M N-M N-M N-M	you carried the ) of the general or U.S. stations, e the name of ti use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes  No  No  No  No  No  No  No  No  No  N	channel on any constructions locate list the community with space G for each AA  5. BASIS OF CARRIAGE (If Distant)	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the h which the station is identifed channel line-up.  6. LOCATION OF STATION  CHARLESTON, WV  ROANOKE, VA  BLUEFIELD, WV  OAK HILL, WV  OAK HILL, WV  GRANDVIEW, WV  GRANDVIEW, WV  GRANDVIEW, WV  LEWISBURG, WV  LEWISBURG, WV  LEWISBURG, WV  BLUEFIELD, WV	additional informatio	
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ion "E" (exempt). For explanation of these of Column 6: Give the CC. For Mexican or Note: If you are utilized.  1. CALL SIGN  WCHS-1  WDBJ-1  WLFB-1  WOAY-1  WOAY-1  WOAY-HD1  WSWP-1  WSWP-2  WSWP-3  WSWP-HD1  WVNS-1  WVNS-1  WVNS-2  WVNS-HD1  WVNS-4  WVVA-1  WVVA-2  WVVA-3	simulcasts, also three categories are location of ea Canadian static ing multiple chair channel 2. B'CAST CHANNEL NUMBER  8 7 40 4 4.2 4 9 9.2 9.3 9 59.2 59 59.2 6 6.2 6.3	o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups,  CHANNI 3. TYPE OF STATION N I-M E-M E-M E-M N-M I-M I-M N-M I-M	you carried the ) of the general or U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes  No  No  No  No  No  No  No  No  No  N	channel on any constructions locate list the community with space G for each AA  5. BASIS OF CARRIAGE (If Distant)	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the h which the station is identifed a channel line-up.  6. LOCATION OF STATION  CHARLESTON, WV ROANOKE, VA BLUEFIELD, WV OAK HILL, WV OAK HILL, WV GRANDVIEW, WV GRANDVIEW, WV GRANDVIEW, WV LEWISBURG, WV LEWISBURG, WV LEWISBURG, WV BLUEFIELD, WV BLUEFIELD, WV BLUEFIELD, WV BLUEFIELD, WV BLUEFIELD, WV	additional informatio	
tion "E" (exempt). For explanation of these to Column 6: Give the FCC. For Mexican or Note: If you are utilized.	simulcasts, also three categories he location of ea Canadian static ing multiple chair channels.  2. B'CAST CHANNEL NUMBER  8  7  40  4.2  4  9  9.2  9.3  9  59  59.2  6  6.2  6.3  6.4	o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,  CHANNI  3. TYPE  OF STATION  N  I-M  N-M  E-M  E-M  N-M  I-M  N-M  I-M  I-M  I-M  I-M  I	you carried the ) of the general or U.S. stations, the the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes  No  No  No  No  No  No  No  No  No  N	channel on any constructions locate list the community with space G for each AA  5. BASIS OF CARRIAGE (If Distant)	ther basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the h which the station is identifed channel line-up.  6. LOCATION OF STATION  CHARLESTON, WV  ROANOKE, VA  BLUEFIELD, WV  OAK HILL, WV  OAK HILL, WV  GRANDVIEW, WV  GRANDVIEW, WV  GRANDVIEW, WV  LEWISBURG, WV  LEWISBURG, WV  LEWISBURG, WV  BLUEFIELD, WV  BLUEFIELD, WV  BLUEFIELD, WV  BLUEFIELD, WV  BLUEFIELD, WV	additional informatio	

G

**Primary** 

Transmitters:

Television

FORM SA3E, PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 007258 PRIMARY TRANSMITTERS: TELEVISION

In General: In space G. identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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.

		CHANN	IEL LINE-UP	AB	_
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBRA-1	15	E	No		ROANOKE, VA
WBRA-HD1	15	E-M	No		ROANOKE, VA
WDBJ-1	7	N	No		ROANOKE, VA
WDBJ-3	7.3	I-M	No		ROANOKE, VA
WDBJ-4	7.4	I-M	No		ROANOKE, VA
WDBJ-HD1	7	N-M	No		ROANOKE, VA
WFXR-1	27	I	No		ROANOKE, VA
WFXR-2	27.2	I-M	No		ROANOKE, VA
WFXR-3	27.3	I-M	No		ROANOKE, VA
WFXR-4	27.4	I-M	No		ROANOKE, VA
WFXR-HD1	27	I-M	No		ROANOKE, VA
WLFB-1	40	I	No		BLUEFIELD, WV
WPXR-1	38	I	No		ROANOKE, VA
WPXR-HD1	38	I-M	No		ROANOKE, VA
WSET-1	13	N	No		LYNCHBURG, VA
WSET-2	13.2	I	No		LYNCHBURG, VA
WSET-HD1	13	N-M	No		LYNCHBURG, VA
WSLS-1	10	N	No		ROANOKE, VA
WSLS-2	10.2	I-M	No		ROANOKE, VA
WSLS-3	10.3	I-M	No		ROANOKE, VA
WSLS-HD1	10	N-M	No		ROANOKE, VA
WVVA-1	6	N	No		BLUEFIELD, WV
WZBJ-1	24	I	No		ROANOKE, VA
WZBJ-HD1	24	I-M	No		ROANOKE, VA

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007258 **CEQUEL COMMUNICATIONS 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 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable systen 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) **CARRIAGE** NUMBER (If Distant) STATION WCHS-1 CHARLESTON, WV 8 N Yes 0 WLFB-1 40 No **BLUEFIELD, WV** WOAY-1 4 Ν No OAK HILL, WV WOAY-2 4.2 I-M No OAK HILL, WV WOAY-HD1 4 N-M No OAK HILL, WV WSAZ-1 3 Ν Yes 0 **HUNTINGTON, WV** WSWP-1 No 9 Ε **GRANDVIEW, WV GRANDVIEW, WV** WSWP-2 9.2 E-M No 9.3 E-M WSWP-3 No **GRANDVIEW, WV** WSWP-HD1 9 E-M No GRANDVIEW. WV WVNS-1 59 Ν No LEWISBURG, WV WVNS-2 59.2 I-M No LEWISBURG, WV WVNS-HD1 59 N-M No LEWISBURG, WV WVNS-HD2 I-M 59.2 No LEWISBURG, WV WVVA-1 No **BLUEFIELD, WV** 6 Ν WVVA-2 I-M 6.2 No **BLUEFIELD, WV** 

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

**BLUEFIELD, WV** 

**BLUEFIELD, WV** 

**BLUEFIELD, WV** 

**BLUEFIELD, WV** 

SUMMERSVILLE, WV

WVVA-3

WVVA-4

WZTS-1

WVVA-HD1

WVVA-HD2

6.3

6.4

6

6.2

16

I-M

I-M

N-M

I-M

No

No

No

No

No

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under
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Primary

Transmitters:

Television

substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

- basis under specifc FCC rules, regulations, or authorizations:
  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast)

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 (y) of the general instructions located in the pager SA3 form

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 identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	۸D		
		1	1		
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
WBRA-1	15	E	No		ROANOKE, VA
WDBJ-1	7	N	No		ROANOKE, VA
WLFB-1	40	I	No		BLUEFIELD, WV
WOAY-1	4	N	No		OAK HILL, WV
WOAY-2	4.2	I-M	No		OAK HILL, WV
WOAY-HD1	4	N-M	No		OAK HILL, WV
WPXR-1	38	I	No		ROANOKE, VA
WSET-1	13	N	No		LYNCHBURG, VA
WSWP-1	9	E	No		GRANDVIEW, WV
WSWP-2	9.2	E-M	No		GRANDVIEW, WV
WSWP-3	9.3	E-M	No		GRANDVIEW, WV
WSWP-HD1	9	E-M	No		GRANDVIEW, WV
WVNS-1	59	N	No		LEWISBURG, WV
WVNS-2	59.2	I-M	No		LEWISBURG, WV
WVNS-HD1	59	N-M	No		LEWISBURG, WV
WVNS-HD2	59.2	I-M	No		LEWISBURG, WV
WVVA-1	6	N	No		BLUEFIELD, WV
WVVA-2	6.2	I-M	No		BLUEFIELD, WV
WVVA-3	6.3	I-M	No		BLUEFIELD, WV
WVVA-4	6.4	I-M	No		BLUEFIELD, WV
WVVA-HD1	6	N-M	No		BLUEFIELD, WV
WVVA-HD2	6.2	I-M	No		BLUEFIELD, WV
WZBJ-1	24	I	No		ROANOKE, VA
WZTS-1	16	ı	No		SUMMERSVILLE, WV

**ACCOUNTING PERIOD: 2024/1** FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 007258 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D

TONWOASE, TAGE 3.					ACCOUNTING	1 LINIOD. 2024/1
LEGAL NAME OF OWNER OF CABLE SYS CEQUEL COMMUNICATIONS L				S	YSTEM ID# 007258	Name
SUBSTITUTE CARRIAGE: SPECI	AL STATEME	NT AND PROGRAM LO	)G			
In General: In space I, identify every no substitute basis during the accounting p explanation of the programming that mu form.	eriod, under sp	ecific present and former FC	CC rules, regu	lations, or authorizations.	For a further	<b> </b> Substitute
1. SPECIAL STATEMENT CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting period, did you	ur cable syste	m carry, on a substitute ba	sis, any non	network television progr	am	Special Statement and
broadcast by a distant station?				☐ Yes	· ·	Program Log
<b>Note:</b> If your answer is "No", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the prog	ram	
log in block 2.  2. LOG OF SUBSTITUTE PROGR.	AMS					
In General: List each substitute progression. If you need more space, please Column 1: Give the title of every neeriod, was broadcast by a distant staunder certain FCC rules, regulations, SA3 form for futher information. Do not titles, for example, "I Love Lucy" or "Need to the control of t	attach addition onnetwork tele ation and that yor authorization ot use general BA Basketball	nal pages. evision program (substitute rour cable system substitu ns. See page (vi) of the go categories like "movies", : 76ers vs. Bulls."	program) the ted for the preneral instruction for "basketba	at, during the accounting ogramming of another stions located in the paper	g tation er	
Column 2: If the program was broaccolumn 3: Give the call sign of the Column 4: Give the broadcast state	station broad	casting the substitute prog	ram.	censed by the FCC or, i	n	
the case of Mexican or Canadian stat	ions, if any, the	e community with which th	e station is ic	lentified).		
<b>Column 5:</b> Give the month and da first. Example: for May 7 give "5/7."	y wnen your sy	stem carried the substitut	e program. U	se numerals, with the m	iontn	
<b>Column 6:</b> State the times when the to the nearest five minutes. Example:					itely	
stated as "6:00–6:30 p.m."	a program car	ned by a system nom 6.0	1.15 p.111. to t	5.26.30 p.m. snould be		
<b>Column 7:</b> Enter the letter "R" if the to delete under FCC rules and regula						
gram was substituted for programmin						
effect on October 19, 1976.						
SUBSTITUT	E PROGRAN	1		N SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM  2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
<u> </u>						
<u></u>						
<u> </u>					,	
<del></del>						
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ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 6.

Name	CEQUEL CO								S١	YSTEM ID# 007258	
J Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.  Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.  Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."  State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."  You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.—										
	• You may grou 12:00 p.m."	p together any						6:00 p.m.–			
	CALL SIGN	WHEN	N CARRIAGE OCCI	JRRED	OF F	PART-TIME CAR		N CARRIAGE OC			
	5, LE 51014	DATE	FROM	RS TO		S, LL SIGIA	DATE	FROM	DURS	TO	

LEGA	L NAME OF OWNER OF CABLE SYSTEM:  QUEL COMMUNICATIONS LLC		SYSTEM ID# 007258	Name
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	dary transmis	sion service	<b>K</b> Gross Receipts
	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amour	<b>7,405,900.52</b> nt of gross receipts)	
<ul><li>Instru</li><li>Com</li><li>Com</li><li>If yo fee f</li><li>If yo accord</li></ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: inplete block 1, showing your minimum fee. inplete block 2, showing whether your system carried any distant television stations. It is useful to the carry any distant television stations, leave block 3 blank. Enter the aminimum block 1 on line 1 of block 4, and calculate the total royalty fee. It is useful to the carry any distant television stations, you must complete the applicable par ompanying this form and attach the schedule to your statement of account.	ts of the DSE	Schedule	L Copyright Royalty Fee
bloc	k 3 below.  Int 6 of the DSE schedule was completed, the amount from line 7 of block C should be en			
3 be	low.			
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered	on line	
	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.			
	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.	\$	7,405,900.52	
	This is your minimum fee.	\$	78,798.78	
Block	space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period  X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and of the second stations.  Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	d?		
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	6,961.60	
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	<u></u> \$	78,798.78	Cable systems
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	submitting additional
	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
	Line 4. FILING FEE	\$	725.00	the Licensing 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	\$	79,523.78	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #			additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta			

ACCOUNTING PERIC	JD. 2024/1									FORM	1 SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER O										SYSTEM ID#
Numo	CEQUEL COMMUN	NICATIO	ONS LLC								007258
M Channels	CHANNELS Instructions: You m to its subscribers and 1. Enter the total num system carried telev 2. Enter the total num on which the cable and nonbroadcast s	the of classics of the order of a system o	cable system hannels on v oadcast stati ctivated chai carried televi	n's total number which the cable ions	of activated o	channels, dur	ing the acc		est stations	43	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE we can contact about	t this stat	tement of ac		MATION IS N	IEEDED: (Ide	entify an ind		ne <b>(903)</b>	579-3152	111111111111111111
	Address 3027 S (Number, str  TYLER, (City, town, stream)	TX 75 state, zip)	route, apartmer	nt, or suite number)		DM	Fax (opti	onal)			
							(0)				
O Certifcation	CERTIFICATION (This  I, the undersigned, he  (Owner other than  (Agent of owner of in line 1 of span  X (Officer or partner in line 1 of span  I have examined the are true, complete, an [18 U.S.C., Section 10]	ther than ce B and or I am and ce B. statemend	n corporation that the owner of account a to the best of	nership) I am the n or partnership er is not a corpor corporation) or a	one, of the bo e owner of the  b) I am the dul ration or partne partner (if a p	cable system y authorized a ership; or artnership) of	as identifed as identifed the legal entite tall stateme	owner of the cab	ce B; or ole system a	as identified le cable systel	m
		(e.g., /s/ button, t	n electronic sig / John Smith). Ithen type /s/ a or printed na	gnature on the lin Before entering and your name.  BOGRAMMIN all position held in o	ne above using the first forwar Pressing the "F	d slash of the " button will av	/s/ signature	, place your curs			e "F2"

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  007258	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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 underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum herex days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period  ID number	

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

DSL SCHEDULL. FAGI	LEGAL NAME OF OWNER OF CABL	E OVOTEM:			6/	STEM ID#
1					31	
_	CEQUEL COMMUNICAT	IONS LLC				007258
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:			
	<ul> <li>Add the DSEs of each station</li> </ul>					
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.50	
2	Instructions: In the column headed "Call S	Sian": list the ca	Il ciane of all dictant ctations	s identified by t	he letter "Ω" in column 5	
_	of space G (page 3).	Jigii . list tile ca	iii sigiis oi aii distarit stations	s identified by i	The letter O in column 5	
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSI	≣ as "1.0"; for	each network or noncom-	
of DSEs for	mercial educational station, giv					
Category "O"			CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WCHS-1	0.250				
	WSAZ-1	0.250				
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						
l	L	<u> </u>		L		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 007258 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 3 Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Computation of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must Stations be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. **Carried Part** Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel SA3 form. Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE 1. CALL SIGN OF HOURS OF HOURS **CARRIAGE VALUE CARRIED BY VALUE** STATION SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Substitute-Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted **Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE SIGN OF OF DAYS OF DAYS SIGN OF **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, ...... TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 0.50 1. Number of DSEs from part 2 ● **Total Number** 0.00 of DSFs 2. Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 ● 0.50 TOTAL NUMBER OF DSEs

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

	OWNER OF CABLE						S	YSTEM ID# 007258	Mama
	ck A must be com	pleted.							
n block A: If your answer if	"Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
schedule.  If your answer if	"No," complete blo	ocks B and C	below.						
,	, ,			ELEVISION M	ARKETS				Computation o
s the cable system ffect on June 24,	m located wholly o 1981?	utside of all ı	major and sma	ıller markets as de	fined under s	ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
Yes—Com	plete part 8 of the	schedule—[	OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	olete blocks B and	C below.							
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations  Be DSE Sche	ons prior to Ju dule. (Note: T	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carrier 76.61(b)(c)] B Specialty static C Noncommerce D Grandfathers for E Carried pursuants *F A station pre	ed pursuant on as defined al education of station (76. or DSE schedant to individually carried).	lations cited b to the FCC ma d in 76.5(kk) (7 all station [76.5 65) (see parag lule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(	ose in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198  n), 76.61(b)(c),  referring to 7  g to 76.61(d)]  randfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN WCHS-1	BASIS	0.25	SIGN	BASIS		SIGN	BASIS		-
WSAZ-1	D	0.25							
								0.50	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this	schedule			11-		
ine 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove			10		
	line 2 from line 1 leave lines 4–7 b			•		rate.			
ine 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply I	ine 4 by 0.0375	and enter s	um here				<u> </u>		permited/ partially nonpermitted
ine 6: Enter tot	al number of DSI	Es from line	3				X		carriage?  If yes, see part 9 instructions.
ine 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

EQUEL CO	OMMUNICATION	IS LLC					O07258	Name
1. CALL	2. PERMITTED		1. CALL	2. PERMITTED	1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS		SIGN	BASIS	SIGN	BASIS		Computation of
								3.75 Fee
***************************************								
***************************************					 			
***************************************					 			
***************************************					 			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 007258 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? 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 or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 007258	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	7,405,900.52	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  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?      Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE .	
	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 4a	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 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	<u> </u>	CEQUEL COMMUNICATIONS LLC	007258
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	
		section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u>
	Inchry	ctions:	
8		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B;  however, if block A of pa	art
0		checked "Yes," use the total number of DSEs from part 5.	
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	-	ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel	ow
Base Rate Fee	blank		
		is <b>a partially distant station?</b> 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	al
	service	e area," see page (v) of the general instructions.	
		DLOCK A: CADDIACE OF DADTIALLY DISTANT STATIONS	
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  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 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"	
		use the total number of DSEs from part 5.)	
	Section		
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶ \$	
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶	
		(the direction 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 N	AND OF OMNER OF CARLE OVOTEN.	OVOTEN ID#	
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 007258	Name
CEQU	JEL COMMUNICATIONS LLC	007256	
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
7	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) <b>&gt;</b>		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of
	C. Multiply line B by 3.000 and enter here <b>&gt;</b>		Base Rate Fee
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs  (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here <b>&gt;</b> \$		
	G. Add lines A, C, and F. This is your base rate fee	<del></del>	
	Enter here and in block 3, line 1, space L (page 7)	0.00	
	Base Rate Fee	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro	adcast signals	
shall in	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip		9
	Space G.		9
	<b>eral:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rat s from subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation
	shorn subscribers located within the station's local service area, from your system's total gross receipts. To ta clusion, you must:	ke advantage of	of Base Rate Fee
Finat. F			and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deterr		Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe	e for each group.	Exclusivity Surcharge
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system	i <u>.</u>	for
	If any portion of your cable system is located within the top 100 television market and the station is not exemple a symplected Evolution in the system of t		Partially Distant
Howev	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A er, if your cable system is wholly located outside all major television markets, complete block A only.	A and b below.	Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially
	For each community served, determine the local service area of each wholly distant and each partially distant	t station you	Permitted Stations
carried	to that community.	-	
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are dis- ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No	te that a cable	
	will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
I	Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your ber groups.	systems	
In each	section:		
• Identi	fy the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant	to all of the	
• If:	bers in the group.		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave	re it in narts 2 3	
	of this schedule; or,	C II III Parts 2, 0,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i 6 of this schedule.	t in block B,	
• Add ti	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	eral instructions	
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on	the precedina	
page. DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do no stual calculations on the form.	p (that is, the total	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 007258 **CEQUEL COMMUNICATIONS LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE								8YSTEM ID# 007258	Name				
В	LOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR	EACH	SUBSCRI	BER GROUP						
		SUBSCRIBER GRO					SUBSCRIBER GRO	UP					
COMMUNITY/ AREA	SUBSC	RIBER GROUP	1	COMMUNITY/	AREA	SUBSCE	RIBER GROUP 2		9 Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE	of				
WCHS-1 D	0.25			WCHS-1	D	0.25			Base Rate F				
									Syndicated Exclusivity				
									Surcharge for				
									Partially Distant				
									Stations				
											tal DSEs  0.25  oss Receipts Second Group  0.25		
					VCHS-1         D         0.25           Fotal DSEs         0.25           Gross Receipts Second Group         \$ 104,742.75           Base Rate Fee Second Group         \$ 278.62								
					teceipts Second Group \$ 104,742.75  ate Fee Second Group \$ 278.62  FOURTH SUBSCRIBER GROUP  JNITY/ AREA SUBSCRIBER GROUP 4  SIGN DSE CALL SIGN DSE								
Total DSEs				Total DSEs			\$ 104,742.75  \$ 278.62  SUBSCRIBER GROUP RIBER GROUP 4						
ooss Receipts First G	roup	\$ 99	3,196.73	Gross Receipts	Secon	u Group	•	104,742.75					
Base Rate Fee First G			2,647.23	Base Rate Fee	Secon	· .		*					
		SUBSCRIBER GRO		Gross Receipts Second Group \$ 104,742.75  Base Rate Fee Second Group \$ 278.62  FOURTH SUBSCRIBER GROUP									
COMMUNITY/ AREA	SUBSC	RIBER GROUP	3	COMMUNITY/	AREA	SUBSCE	RIBER GROUP 4						
CALL SIGN	DSE	CALL SIGN	DSE	+	_		CALL SIGN	DSE					
				WCH3-1	U	U.25							
		-											
							-						
Total DSEs			0.00	Total DSEs				0.25					
Gross Receipts Third (	Group	\$	1,503.22	Gross Receipts	Fourth	Group	\$	9,051.55					
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee	Fourth	Group	\$	24.08					
Dana Bata Fa A 1111		- for fire and the second	andle a const	II									
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the b	oxes al	oove.	\$	6,961.60					

CEQUEL COMMU	NICATIO	NS LLC						007258	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR	EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU					SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	SUBSC	RIBER GROUP 5		COMMUNITY/ A	REA	SUBSCF	RIBER GROUP 6		Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE	of
				WSAZ-1	D	0.25			Base Rate and
		-					-		Syndicate
									Exclusivi
									Surcharg
									for Partially
							-		Distant
									Stations
	•	•					•		
Total DSEs			0.00	Total DSEs				0.25	
Gross Receipts First G	roup	<b>\$</b> 4,380	946.25	Gross Receipts	Secon	d Group	\$	98,814.67	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee	Secon	d Group	\$	262.85	
;	SEVENTH	SUBSCRIBER GROU	JP			EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	SUBSC	RIBER GROUP 7		COMMUNITY/ A	REA	SUBSCE	RIBER GROUP 8		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE	
WSAZ-1 D	0.25			WCHS-1	D	0.25			
							-		
		=					-		
							-		
Total DSEs			0.25	Total DSEs				0.25	
Gross Receipts Third (	Group	\$ 26	305.71	Gross Receipts	Fourth	Group	\$ 1,0	65,881.19	
Base Rate Fee Third C	Group	\$	69.97	Base Rate Fee	Fourth	Group	\$	2,835.24	
				LL					
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the b	oxes a	bove.	\$		

EGAL NAME OF OWNE						3	YSTEM ID# 007258	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EACI	H SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	SUBSC	RIBER GROUP	)	COMMUNITY/ AREA	SUBSCI	RIBER GROUP 10	)	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	and Syndicate Exclusivi Surcharg for Partially
VCHS-1 D	0.25							Base Rate F
		-						Syndicated
								Surcharge
		-						Distant
								Stations
otal DSEs			0.25	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 317	,146.94	Gross Receipts Seco	nd Group	\$ 4	06,309.51	
<b>ase Rate Fee</b> First G	roup	\$	843.61	Base Rate Fee Seco	nd Group	\$	0.00	
Е	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						,		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third (	eroup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
ase Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				l I				
				as shown in the boxes				

LEGAL NAME OF OWNE						S	007258	Name
В				TE FEES FOR EACH				
001111111111111111111111111111111111111		SUBSCRIBER GROUP				SUBSCRIBER GRO		9
COMMUNITY/ AREA	SUBSC	CRIBER GROUP 1		COMMUNITY/ AREA	SUBSC	RIBER GROUP 2		Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
	<u> </u>							Distant
	<u> </u>							Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 995	,198.73	Gross Receipts Seco	nd Group	ş 1	104,742.75	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	SUBSO	CRIBER GROUP 3	3	COMMUNITY/ AREA	SUBSC	RIBER GROUP 4		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third (	Group	<u>\$</u>	,503.22	Gross Receipts Fourt	h Group	\$	9,051.55	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th	ne <b>base ra</b>	ite fees for each subs	criber group	as shown in the boxes	above.		<del></del>	
Enter here and in blocl			· '			\$	0.00	

## Nonpermitted 3.75 Stations

Name	007258							
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: 0	BI
_	P	SUBSCRIBER GROUP	SIXTH		IP	SUBSCRIBER GROU	FIFTH	
9 Computa		RIBER GROUP 6	SUBSCR	COMMUNITY/ AREA		RIBER GROUP 5	SUBSC	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate				0.122.070				
and	CALL SIGN DSE	<del> </del>						
Syndicat								
Exclusiv								
Surchar								
for								
Partiall								
Distan		<del>                                     </del>				_		
Station		<del>   </del>				-	•	
							<u> </u>	
							<b> </b>	
	0.00			Total DSEs	0.00			otal DSEs
	8,814.67	\$ 98	d Group	Gross Receipts Second	946.25	s 4,380, <sup>9</sup>	roup	Gross Receipts First G
	0.00				-			
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	ase Rate Fee First G
	-	\$ SUBSCRIBER GROUP		Base Rate Fee Second		\$ SUBSCRIBER GROU		
	-	SUBSCRIBER GROUP	EIGHTH	Base Rate Fee Second COMMUNITY/ AREA		\$ SUBSCRIBER GROUP 7	SEVENTH	5
	-	SUBSCRIBER GROUP	EIGHTH				SEVENTH	5
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	COMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SCOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	P	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA	IP	RIBER GROUP 7	SEVENTH SUBSC	SOMMUNITY/ AREA
	DSE	SUBSCRIBER GROUF RIBER GROUP 8	EIGHTH SUBSCR	COMMUNITY/ AREA  CALL SIGN	DSE	RIBER GROUP 7	SEVENTH SUBSC	CALL SIGN
	DSE	SUBSCRIBER GROUP 8  CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE O.000	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Fotal DSEs
	DSE	SUBSCRIBER GROUP 8  CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN	DSE	CALL SIGN	DSE	SOMMUNITY/ AREA

	NINTH	'OMDUTATION OF					007258	Name
				TE FEES FOR EACH	SUBSCR	IBER GROUP		
		NINTH SUBSCRIBER GROUP				SUBSCRIBER GROU		0
CALL SIGN	COMMUNITY/ AREA SUBSCRIBER GROUP 9			COMMUNITY/ AREA	SUBSCI	CRIBER GROUP 10		<b>9</b> Computation
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
						-		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$ 317,	146.94	Gross Receipts Secon	d Group	\$ 40	06,309.51	
3ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ELE	VENTH	SUBSCRIBER GROU	IP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						  -		
						-		
						-		
						-		
					1			
				Total DSEs			0.00	
otal DSEs			0.00				0.00	
	OUD	•			Group	•		
Fotal DSEs Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC 0							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
<b>9</b> Computation of	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus 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:   ☐ First 50 major television market  ☐ Second 50 major television market							
Base Rate Fee and	INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for commercial VHE Grade B contour stations listed in block A, part 9 of							
Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE First Group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	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 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SURCHARGE Third Group\$	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page							

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 007258				
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television ma by section 76.5 of FCC rules in effect on June 24, 1981:	· · · · · · · · · · · · · · · · · · ·				
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant	INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the	for the VHF Grade B contour stations that were classified as ter zero. of DSEs used to compute the surcharge.				
Stations	your 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group\$				
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group				
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page					

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 007258					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:						
Computation of		☐ Second 50 major television market					
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>						
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP					
l							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group\$					
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group\$	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page						