

**THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2017 SA3**

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**Long Form**

**STATEMENT OF ACCOUNT**  
*for Secondary Transmissions by  
Cable Systems (Long Form)*

General instructions are at the  
end of this form [pages i-viii].

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 2/27/2025                     | \$                |
|                               | ALLOCATION NUMBER |
|                               |                   |

Return to:

Library of Congress  
Copyright Office

Licensing Division  
101 Independence Ave. SE  
Washington, DC 20557-6400  
(202) 707-8150

For courier deliveries, see  
page ii of the general  
instructions

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |              |                                                                         |  |   |                                                                                                                                                                                                                             |           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--------------|-------------------------------------------------------------------------|--|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|-----------------------|-------|------------|----------|-------------|-----------|----------|----------|-----------------|-----------|----------|----------|---------------|-----------|----------|----------|
| <b>A</b><br>Accounting<br>Period                                       | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b><br><b>JULY 1 - DECEMBER 31, 2024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |          |              |                                                                         |  |   |                                                                                                                                                                                                                             |           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>B</b><br>Owner                                                      | <p><b>Instructions:</b> Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.</p> <p>Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p><i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</i></p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <b>024854</b></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b></p> <div><p><b>02485420242</b></p><p><b>PEACHTREE CABLE TV. L.P.</b><br/><b>12405 POWERSCOURT DRIVE</b><br/><b>ST. LOUIS, MO 63131</b></p></div> <p><b>*02485420242*</b><br/><b>024854 2024/2</b></p> |            |          |              |                                                                         |  |   |                                                                                                                                                                                                                             |           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>C</b><br>System                                                     | <p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table><tr><td>1</td><td colspan="2"><b>IDENTIFICATION OF CABLE SYSTEM:</b><br/><b>CHARTER COMMUNICATIONS</b></td></tr><tr><td>2</td><td colspan="2"><b>MAILING ADDRESS OF CABLE SYSTEM:</b><br/><b>212 S JEFFERSON ST</b><br/><small>(Number, street, rural route, apartment, or suite number)</small><br/><b>DUBLIN, GA 31021</b><br/><small>(City, town, state, zip code)</small></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |          | 1            | <b>IDENTIFICATION OF CABLE SYSTEM:</b><br><b>CHARTER COMMUNICATIONS</b> |  | 2 | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><b>212 S JEFFERSON ST</b><br><small>(Number, street, rural route, apartment, or suite number)</small><br><b>DUBLIN, GA 31021</b><br><small>(City, town, state, zip code)</small> |           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 1                                                                      | <b>IDENTIFICATION OF CABLE SYSTEM:</b><br><b>CHARTER COMMUNICATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          |              |                                                                         |  |   |                                                                                                                                                                                                                             |           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 2                                                                      | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><b>212 S JEFFERSON ST</b><br><small>(Number, street, rural route, apartment, or suite number)</small><br><b>DUBLIN, GA 31021</b><br><small>(City, town, state, zip code)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |          |              |                                                                         |  |   |                                                                                                                                                                                                                             |           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>D</b><br>Area<br>Served<br><br>First<br>Community<br><br><br>Sample | <p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table><tr><td>CITY OR TOWN</td><td colspan="3">STATE</td></tr><tr><td><b>DUBLIN (Laurens Co)</b></td><td colspan="3"><b>GA</b></td></tr></table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td><b>Alda</b></td><td><b>MD</b></td><td><b>A</b></td><td><b>1</b></td></tr><tr><td><b>Alliance</b></td><td><b>MD</b></td><td><b>B</b></td><td><b>2</b></td></tr><tr><td><b>Gering</b></td><td><b>MD</b></td><td><b>B</b></td><td><b>3</b></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |          | CITY OR TOWN | STATE                                                                   |  |   | <b>DUBLIN (Laurens Co)</b>                                                                                                                                                                                                  | <b>GA</b> |  |  | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | <b>Alda</b> | <b>MD</b> | <b>A</b> | <b>1</b> | <b>Alliance</b> | <b>MD</b> | <b>B</b> | <b>2</b> | <b>Gering</b> | <b>MD</b> | <b>B</b> | <b>3</b> |
| CITY OR TOWN                                                           | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |          |              |                                                                         |  |   |                                                                                                                                                                                                                             |           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>DUBLIN (Laurens Co)</b>                                             | <b>GA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |          |              |                                                                         |  |   |                                                                                                                                                                                                                             |           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| CITY OR TOWN (SAMPLE)                                                  | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CH LINE UP | SUB GRP# |              |                                                                         |  |   |                                                                                                                                                                                                                             |           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Alda</b>                                                            | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>A</b>   | <b>1</b> |              |                                                                         |  |   |                                                                                                                                                                                                                             |           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Alliance</b>                                                        | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>B</b>   | <b>2</b> |              |                                                                         |  |   |                                                                                                                                                                                                                             |           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Gering</b>                                                          | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>B</b>   | <b>3</b> |              |                                                                         |  |   |                                                                                                                                                                                                                             |           |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |

**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 effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

[illegible]

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                 |                                    |                     |                             |  |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|-----------------------------|--|
| Name                                                                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                 |                                    |                     | SYSTEM ID#<br><b>024854</b> |  |
| <div>E</div> <div>Secondary Transmission Service: Subscribers and Rates</div> | <b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br><b>In General:</b> 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).<br><b>Number of Subscribers:</b> 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).<br><b>Rate:</b> 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.<br><b>Block 1:</b> 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. <b>Note:</b> 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)."<br><b>Block 2:</b> 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. |                                   |                                                                                                                                                                 |                                    |                     |                             |  |
|                                                                               | BLOCK 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                 | BLOCK 2                            |                     |                             |  |
|                                                                               | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO. OF SUBSCRIBERS                | RATE                                                                                                                                                            | CATEGORY OF SERVICE                | NO. OF SUBSCRIBERS  | RATE                        |  |
|                                                                               | <b>Residential:</b><br>• Service to first set<br>• Service to additional set(s)<br>• FM radio (if separate rate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3,411</b>                      | <b>9.99-36.00</b>                                                                                                                                               |                                    |                     |                             |  |
|                                                                               | <b>Motel, hotel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                 |                                    |                     |                             |  |
|                                                                               | <b>Commercial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>213</b>                        | <b>39.99-45.00</b>                                                                                                                                              |                                    |                     |                             |  |
|                                                                               | <b>Converter</b><br>• Residential<br>• Non-residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                 |                                    |                     |                             |  |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                 |                                    |                     |                             |  |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                 |                                    |                     |                             |  |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                 |                                    |                     |                             |  |
| <div>F</div> <div>Services Other Than Secondary Transmissions: Rates</div>    | <b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b><br><b>In General:</b> 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.<br><b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br><b>Block 2:</b> 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 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                 | BLOCK 2                            |                     |                             |  |
|                                                                               | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RATE                              | CATEGORY OF SERVICE                                                                                                                                             | RATE                               | CATEGORY OF SERVICE | RATE                        |  |
|                                                                               | <b>Continuing Services:</b><br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>5.99-15.00</b>                 | <b>Installation: Non-residential</b><br>• Motel, hotel<br>• Commercial<br>• Pay cable<br>• Pay cable-add'l channel<br>• Fire protection<br>• Burglar protection |                                    |                     |                             |  |
|                                                                               | <b>Installation: Residential</b><br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate)<br>• Converter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>\$ 49.99</b><br><b>0-49.99</b> | <b>Other services:</b><br>• Reconnect<br>• Disconnect<br>• Outlet relocation<br>• Move to new address                                                           | <b>\$ 49.99</b><br><b>\$ 49.99</b> |                     |                             |  |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                 |                                    |                     |                             |  |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                 |                                    |                     |                             |  |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                 |                                    |                     |                             |  |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                 |                                    |                     |                             |  |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                 |                                    |                     |                             |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                         |                                   |                        |                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|-------------------------|-----------------------------------|------------------------|----------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                    |                         | SYSTEM ID#<br><b>024854</b>       |                        | Name                                                     |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                    |                         |                                   |                        | <div>G</div> <div>Primary Transmitters: Television</div> |  |
| <p><b>In General:</b> 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.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li><li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.</li></ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>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.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                          |                    |                         |                                   |                        |                                                          |  |
| <b>CHANNEL LINE-UP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                    |                         |                                   |                        |                                                          |  |
| 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 |                                                          |  |
| WGNM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 64                       | I                  | No                      |                                   | MACON, GA              |                                                          |  |
| WGXA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 24                       | I                  | No                      |                                   | MACON, GA              |                                                          |  |
| WGXA ABC 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 24.2                     | I-M                | No                      |                                   | MACON, GA              |                                                          |  |
| WKTB CD-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 23.2                     | I-M                | No                      |                                   | NORCROSS, GA           |                                                          |  |
| WMAZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13                       | N                  | No                      |                                   | MACON, GA              |                                                          |  |
| WMAZ THE CW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 13.2                     | N-M                | No                      |                                   | MACON, GA              |                                                          |  |
| WMAZ TJN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13.3                     | N-M                | No                      |                                   | MACON, GA              |                                                          |  |
| WMGT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 41                       | N                  | No                      |                                   | MACON, GA              |                                                          |  |
| WMGT MY NETW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 41.2                     | N-M                | No                      |                                   | MACON, GA              |                                                          |  |
| WMGT Escape                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41.4                     | N-M                | No                      |                                   | MACON, GA              |                                                          |  |
| WMUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 29                       | E                  | No                      |                                   | COCHRON-MACON, GA      |                                                          |  |
| WMUM PBS KIDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 29.2                     | E-M                | No                      |                                   | COCHRON-MACON, GA      |                                                          |  |
| WMUM PBS KNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 29.3                     | E-M                | No                      |                                   | COCHRON-MACON, GA      |                                                          |  |
| WPGA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 58                       | N                  | No                      |                                   | MACON, GA              |                                                          |  |
| WPXA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 14                       | I                  | Yes                     | O                                 | ATLANTA, GA            |                                                          |  |
| WXIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11                       | N                  | Yes                     | O                                 | ATLANTA, GA            |                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                         |                                   |                        |                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                         |                                   |                        |                                                          |  |



[illegible]



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SYSTEM ID#<br><b>024854</b> | Name                                                                                                                                                                    |
| <b>GROSS RECEIPTS</b><br><b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s) _____<br>during the accounting period. _____<br><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | <b>K</b><br><b>Gross Receipts</b>                                                                                                                                       |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>\$</span> <span><b>733,956.66</b></span> </div> <div style="text-align: center; font-size: small;">(Amount of gross receipts)</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                                         |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe:<br><ul style="list-style-type: none"> <li>• Complete block 1, showing your minimum fee.</li> <li>• Complete block 2, showing whether your system carried any distant television stations.</li> <li>• If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>• If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul> <p>▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.</p> <p>▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.</p> <p>▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | <b>L</b><br><b>Copyright Royalty Fee</b>                                                                                                                                |
| Block 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.<br>Line 1. Enter the amount of gross receipts from space K <span style="float: right;">\$ <b>733,956.66</b></span><br>Line 2. Multiply the amount in line 1 by 0.01064<br>Enter the result here.<br>This is your minimum fee. <span style="float: right;">\$ <b>7,809.30</b></span>                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                                                                                                                         |
| Block 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.<br><ul style="list-style-type: none"> <li>• Did your cable system carry any distant television stations during the accounting period?</li> </ul> <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                                                                                         |
| Block 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero <span style="float: right;">\$ <b>9,095.56</b></span><br>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 <span style="float: right;"><b>0.00</b></span><br>Line 3. Add lines 1 and 2 and enter here <span style="float: right;">\$ <b>9,095.56</b></span>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                                                                                                                                         |
| 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 <span style="float: right;">\$ <b>9,095.56</b></span><br>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 zero. <span style="float: right;"><b>0.00</b></span><br>Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) <span style="float: right;"><b>0.00</b></span><br><b>TOTAL ROYALTY FEE.</b> Add Lines 1, 2 and 3 of block 4 and enter total here <span style="float: right;">\$ <b>9,095.56</b></span><br>Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions for more information.) |                             | Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees. |

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Name                                                        | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SYSTEM ID#<br><b>024854</b> |
| M<br><br>Channels                                           | <b>CHANNELS</b><br><b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <div>16</div><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <div>414</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
| N<br><br>Individual to Be Contacted for Further Information | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual to whom we can write or call about this statement of account.)<br><br>Name <b>JACOB C. SCHLECHTE</b> Telephone <b>314-543-2294</b><br><br>Address <b>12405 POWERSCOURT DRIVE</b><br>(Number, street, rural route, apartment, or suite number)<br><br><b>ST. LOUIS, MO 63131</b><br>(City, town, state, zip)<br><br>Email (optional) ..... Fax (optional) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |
| O<br><br>Certification                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)<br><br>• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)<br><br><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or<br><br><input checked="" type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or<br><br><input type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.<br><br>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.<br>[18 U.S.C., Section 1001(1986)]<br><br><div> Handwritten signature: ..... /s/ Pamela K. Heflin</div><br><div>Typed or printed name: <b>PAMELA HEFLIN</b></div><br><div>Title: <b>ACCOUNTING MANAGER</b><br/>(Title of official position held in corporation or partnership)</div><br><div>Date: ..... February 21, 2025</div> |                             |

**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 effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------|
| <b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b><br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SYSTEM ID#</b><br><b>024854</b> | <b>Name</b>                                                                  |
| <b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:<br>"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."<br><br>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.<br><br>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?<br><br><input checked="checked" type="checkbox"/> NO<br><br><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    | <b>P</b><br><br><b>Special Statement Concerning Gross Receipts Exclusion</b> |
| Name<br>Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name<br>Mailing Address            |                                                                              |
| <b>INTEREST ASSESSMENTS</b><br>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.<br><br>Line 1 Enter the amount of late payment or underpayment . . . . .<br><div style="text-align: right;">x</div><br>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -<br><div style="text-align: right;">x days</div><br>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -<br><div style="text-align: right;">x 0.00274</div><br>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,<br>space L, (page 7) . . . . . \$ -<br><div style="text-align: right;">(interest charge)</div><br><br>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@loc.gov">licensing@loc.gov</a> .<br><br>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.<br><br>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.<br><br>Owner<br>Address<br><br>First community served<br>Accounting period<br>ID number |                                    | <b>Q</b><br><br><b>Interest Assessment</b>                                   |

**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 effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

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.

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group’s complement of stations; and (3) the amount of gross receipts attributable to that group.
6. Add together the base rate fees for each subscriber group to determine the system’s total base rate fee.
7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

- Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
  - When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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 Carried |              | Identification of Subscriber Groups |                               | GROSS RECEIPTS FROM SUBSCRIBERS |
|--------------------------|--------------|-------------------------------------|-------------------------------|---------------------------------|
| STATION                  | DSE          | CITY                                | OUTSIDE LOCAL SERVICE AREA OF |                                 |
| A (independent)          | 1.0          |                                     | Stations A, B, C, D ,E        | \$310,000.00                    |
| B (independent)          | 1.0          | Santa Rosa                          | Stations A and C              | 100,000.00                      |
| C (part-time)            | 0.083        | Rapid City                          | Stations A and C              | 70,000.00                       |
| D (part-time)            | 0.139        | Bodega Bay                          | Stations B, D, and E          | 120,000.00                      |
| E (network)              | 0.25         | Fairvale                            |                               |                                 |
| <b>TOTAL DSEs</b>        | <b>2.472</b> |                                     | <b>TOTAL GROSS RECEIPTS</b>   | <b>\$600,000.00</b>             |

**Minimum Fee** Total Gross Receipts

\$600,000.00

x .01064

---

\$6,384.00

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

|                                                                 |                                                                                                                                                                                                                                                                                                                                                     |  |      |           |  |                             |           |                 |     |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|-----------|--|-----------------------------|-----------|-----------------|-----|
| 1                                                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                                                                                                                                             |  |      |           |  | SYSTEM ID#<br><b>024854</b> |           |                 |     |
| 2<br><br>Computation<br>of DSEs for<br>Category "O"<br>Stations | <b>Instructions:</b><br><b>In the column headed "Call Sign":</b> list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).<br><b>In the column headed "DSE":</b> for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." |  |      |           |  |                             |           |                 |     |
|                                                                 | CATEGORY "O" STATIONS: DSEs                                                                                                                                                                                                                                                                                                                         |  |      |           |  |                             |           |                 |     |
|                                                                 | CALL SIGN                                                                                                                                                                                                                                                                                                                                           |  | DSE  | CALL SIGN |  | DSE                         | CALL SIGN |                 | DSE |
|                                                                 | WPXA                                                                                                                                                                                                                                                                                                                                                |  | 1.00 |           |  |                             |           |                 |     |
|                                                                 | WXIA                                                                                                                                                                                                                                                                                                                                                |  | 0.25 |           |  |                             |           |                 |     |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                     |  |      |           |  |                             |           |                 |     |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                     |  |      |           |  |                             |           |                 |     |
|                                                                 | <b>SUM OF DSEs OF CATEGORY "O" STATIONS:</b><br>• Add the DSEs of each station.<br>Enter the sum here and in line 1 of part 5 of this schedule.                                                                                                                                                                                                     |  |      |           |  |                             |           | <div>1.25</div> |     |

|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   |                            |                 |                             |                           |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|----------------------------|-----------------|-----------------------------|---------------------------|--------|
| Name                                                                                                                                                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                   |                            |                 | SYSTEM ID#<br><b>024854</b> |                           |        |
| <div>3</div> <div>Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity</div>                                          | <b>Instructions: CAPACITY</b><br><b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).<br><b>Column 2:</b> 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.<br><b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.<br><b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."<br><b>Column 6:</b> Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions.) |                                      |                                   |                            |                 |                             |                           |        |
|                                                                                                                                                               | CATEGORY LAC STATIONS: COMPUTATION OF DSEs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   |                            |                 |                             |                           |        |
|                                                                                                                                                               | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2. NUMBER OF HOURS CARRIED BY SYSTEM | 3. NUMBER OF HOURS STATION ON AIR | 4. BASIS OF CARRIAGE VALUE | 5. TYPE VALUE   | 6. DSE                      |                           |        |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ÷                                    | =                                 |                            | x               | =                           |                           |        |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ÷                                    | =                                 |                            | x               | =                           |                           |        |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ÷                                    | =                                 |                            | x               | =                           |                           |        |
|                                                                                                                                                               | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | =                                    |                                   | x                          | =               |                             |                           |        |
|                                                                                                                                                               | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | =                                    |                                   | x                          | =               |                             |                           |        |
|                                                                                                                                                               | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | =                                    |                                   | x                          | =               |                             |                           |        |
|                                                                                                                                                               | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | =                                    |                                   | x                          | =               |                             |                           |        |
|                                                                                                                                                               | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | =                                    |                                   | x                          | =               |                             |                           |        |
| <b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 2 of part 5 of this schedule, . . . . . ▶     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   |                            | <div>0.00</div> |                             |                           |        |
| <div>4</div> <div>Computation of DSEs for Substitute-Basis Stations</div>                                                                                     | <b>Instructions:</b><br><b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:<br>• Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and<br>• Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).<br><b>Column 2:</b> 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.<br><b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year.<br><b>Column 4:</b> 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.)                                                                                                                          |                                      |                                   |                            |                 |                             |                           |        |
|                                                                                                                                                               | SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                   |                            |                 |                             |                           |        |
|                                                                                                                                                               | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2. NUMBER OF PROGRAMS                | 3. NUMBER OF DAYS IN YEAR         | 4. DSE                     | 1. CALL SIGN    | 2. NUMBER OF PROGRAMS       | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ÷                                    | =                                 |                            |                 | ÷                           | =                         |        |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ÷                                    | =                                 |                            |                 | ÷                           | =                         |        |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ÷                                    | =                                 |                            |                 | ÷                           | =                         |        |
|                                                                                                                                                               | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | =                                    |                                   |                            | ÷               | =                           |                           |        |
|                                                                                                                                                               | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | =                                    |                                   |                            | ÷               | =                           |                           |        |
|                                                                                                                                                               | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | =                                    |                                   |                            | ÷               | =                           |                           |        |
| <b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 3 of part 5 of this schedule, . . . . . ▶ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   |                            | <div>0.00</div> |                             |                           |        |
| <div>5</div> <div>Total Number of DSEs</div>                                                                                                                  | <b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                   |                            |                 |                             |                           |        |
|                                                                                                                                                               | 1. Number of DSEs from part 2 ◀                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   | ▶                          |                 | 1.25                        |                           |        |
|                                                                                                                                                               | 2. Number of DSEs from part 3 ◀                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   | ▶                          |                 | 0.00                        |                           |        |
|                                                                                                                                                               | 3. Number of DSEs from part 4 ◀                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   | ▶                          |                 | 0.00                        |                           |        |
| TOTAL NUMBER OF DSEs                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   |                            | ▶               |                             | <div>1.25</div>           |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                             |                    |                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|--------------|--------------------|--------|-----------------------------|--------------------|-------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |        |              |                    |        | SYSTEM ID#<br><b>024854</b> |                    | Name                                            |  |
| <b>Instructions:</b> Block A must be completed.<br>In block A:<br>• If your answer if “Yes,” leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.<br>• If your answer if “No,” complete blocks B and C below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |        |              |                    |        |                             |                    | <div>6</div> <div>Computation of 3.75 Fee</div> |  |
| BLOCK A: TELEVISION MARKETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |        |              |                    |        |                             |                    |                                                 |  |
| Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?<br><input checked="" type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.<br><input type="checkbox"/> No—Complete blocks B and C below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |        |              |                    |        |                             |                    |                                                 |  |
| BLOCK B: CARRIAGE OF PERMITTED DSEs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |        |              |                    |        |                             |                    |                                                 |  |
| <div><div>Column 1:<br/>CALL SIGN</div><div>List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)</div></div> <div><div>Column 2:<br/>BASIS OF PERMITTED CARRIAGE</div><div>Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)<br/>A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]<br/>B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)<br/>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]<br/>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).<br/>E Carried pursuant to individual waiver of FCC rules (76.7)<br/>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981<br/>G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]<br/>M Retransmission of a distant multicast stream.</div></div> <div><div>Column 3:</div><div>List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.<br/>*(<b>Note:</b> For those stations identified by the letter “F” in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)</div></div> |                    |        |              |                    |        |                             |                    |                                                 |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN                | 2. PERMITTED BASIS | 3. DSE                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                             |                    |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                             |                    |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                             |                    |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                             |                    |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                             |                    |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                             |                    |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                             | 0.00               |                                                 |  |
| BLOCK C: COMPUTATION OF 3.75 FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |              |                    |        |                             |                    |                                                 |  |
| Line 1: Enter the total number of DSEs from part 5 of this schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |        |              |                    |        |                             |                    |                                                 |  |
| Line 2: Enter the sum of permitted DSEs from block B above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |        |              |                    |        |                             |                    |                                                 |  |
| Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.<br>(If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |        |              |                    |        |                             |                    |                                                 |  |
| Line 4: Enter gross receipts from space K (page 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |        |              |                    |        |                             |                    |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                             | x 0.0375           |                                                 |  |
| Line 5: Multiply line 4 by 0.0375 and enter sum here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |              |                    |        |                             |                    |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                             | x                  |                                                 |  |
| Line 6: Enter total number of DSEs from line 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |        |              |                    |        |                             |                    |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |        |              |                    |        |                             |                    |                                                 |  |
| Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |        |              |                    |        |                             | 0.00               |                                                 |  |
| Do any of the DSEs represent partially permitted/ partially nonpermitted carriage? If yes, see part 9 instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |        |              |                    |        |                             |                    |                                                 |  |

|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|------|
| Name                                                                                                            | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                      |                                                                                                                                                                                                                                                                                                                                   |                | SYSTEM ID#:<br><b>024854</b> |      |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | <b>Instructions:</b> You must complete this worksheet for those stations identified by the letter “F” in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)<br>Column 1: List the call sign for each distant station identified by the letter “F” in column 2 of part 6 of the DSE schedule.<br>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.<br>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).<br>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:<br>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)<br>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).<br>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)).<br>S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions.<br>Column 5: Indicate the station’s DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.<br>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.<br><br><b>IMPORTANT:</b> 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 file in the Licensing Division. |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 | PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. PRIOR DSE | 3. ACCOUNTING PERIOD | 4. BASIS OF CARRIAGE                                                                                                                                                                                                                                                                                                              | 5. PRESENT DSE | 6. PERMITTED DSE             |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
| 7<br>Computation<br>of the<br>Syndicated<br>Exclusivity<br>Surcharge                                            | <b>Instructions:</b> Block A must be completed.<br>In block A:<br>If your answer is “Yes,” complete blocks B and C, below.<br>If your answer is “No,” leave blocks B and C blank and complete part 8 of the DSE schedule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 | BLOCK A: MAJOR TELEVISION MARKET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 | • Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?<br><input type="checkbox"/> Yes—Complete blocks B and C . <input checked="" type="checkbox"/> 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 commercial VHF station that places a grade B contour, in whole or in part, over the cable system?<br><input type="checkbox"/> Yes—List each station below with its appropriate permitted DSE<br><input checked="" type="checkbox"/> No—Enter zero and proceed to part 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                      | Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)<br><input type="checkbox"/> Yes—List each station below with its appropriate permitted DSE<br><input checked="" type="checkbox"/> No—Enter zero and proceed to part 8. |                |                              |      |
|                                                                                                                 | CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DSE          | CALL SIGN            | DSE                                                                                                                                                                                                                                                                                                                               | CALL SIGN      | DSE                          |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                      |                                                                                                                                                                                                                                                                                                                                   |                |                              |      |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOTAL DSEs   | 0.00                 |                                                                                                                                                                                                                                                                                                                                   |                | TOTAL DSEs                   | 0.00 |

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SYSTEM ID#<br><b>024854</b> | Name                                                                        |
| BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             | <div>7</div> <div>Computation of the Syndicated Exclusivity Surcharge</div> |
| Section 1                                                                                                                                                                                                                | Enter the amount of gross receipts from space K (page 7) . . . . . ▶ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>733,956.66</b>           |                                                                             |
| Section 2                                                                                                                                                                                                                | A. Enter the total DSEs from block B of part 7 . . . . . ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>0.00</b>                 |                                                                             |
|                                                                                                                                                                                                                          | B. Enter the total number of exempt DSEs from block C of part 7 . . . . . ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>0.00</b>                 |                                                                             |
|                                                                                                                                                                                                                          | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. <b>If zero, proceed to part 8.</b> . . . . . ▶ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>0.00</b>                 |                                                                             |
| • Is any portion of the cable system within a top 50 television market as defined by the FCC?<br><input type="checkbox"/> Yes—Complete section 3 below. <input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes—Complete part 9 of this schedule. <input checked="" type="checkbox"/> No—Complete the applicable section below.<br><br>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.<br><br>A. Enter 0.00599 of gross receipts (the amount in section1) . . . . . ▶ \$<br><br>B. Enter 0.00377 of gross receipts (the amount in section 1)..... ▶ \$<br><br>C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . . ▶<br><br>D. Multiply line B by line C and enter here . . . . . ▶<br><br>E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br><b>Syndicated Exclusivity Surcharge</b> . . . . . ▶ \$     |                             |                                                                             |
| Section 3b                                                                                                                                                                                                               | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.<br><br>A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . . ▶ \$<br><br>B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . . ▶ \$<br><br>C. Multiply line B by 3.000 and enter here . . . . . ▶ \$<br><br>D. Enter 0.00178 of gross receipts (the amount in section 1) . . . . . ▶ \$<br><br>E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here . . . . . ▶<br><br>F. Multiply line D by line E and enter here . . . . . ▶ \$<br><br>G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br><b>Syndicated Exclusivity Surcharge</b> . . . . . ▶ \$                                                                                                                                                                                                                                                   |                             |                                                                             |
| 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?<br><input type="checkbox"/> Yes—Complete part 9 of this schedule. <input checked="" type="checkbox"/> No—Complete the applicable section below.<br><br>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.<br><br>A. Enter 0.00300 of gross receipts (the amount in section 1) . . . . . ▶ \$<br><br>B. Enter 0.00189 of gross receipts (the amount in section 1) . . . . . ▶ \$<br><br>C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here . . . . . ▶<br><br>D. Multiply line B by line C and enter here . . . . . ▶ \$<br><br>E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br><b>Syndicated Exclusivity Surcharge</b> . . . . . ▶ \$ |                             |                                                                             |

|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Name                                                                            | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SYSTEM ID#</b><br><b>024854</b> |
| <b>7</b><br><br>Computation<br>of the<br>Syndicated<br>Exclusivity<br>Surcharge | Section<br>4b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.<br><br>A. Enter 0.00300 of gross receipts (the amount in section 1). . . . . ▶ \$ <div></div><br><br>B. Enter 0.00189 of gross receipts (the amount in section 1). . . . . ▶ \$ <div></div><br><br>C. Multiply line B by 3.000 and enter here. . . . . ▶ \$ <div></div><br><br>D. Enter 0.00089 of gross receipts (the amount in section 1). . . . . ▶ \$ <div></div><br><br>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. . . . . ▶ <div></div><br><br>F. Multiply line D by line E and enter here . . . . . ▶ \$ <div></div><br><br>G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2, block 4, space L (page 7)<br><b>Syndicated Exclusivity Surcharge.</b> . . . . . ▶ \$ <div></div> |                                    |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| <b>8</b><br><br>Computation<br>of<br>Base Rate Fee                              | <b>Instructions:</b><br>You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked “Yes,” use the total number of DSEs from part 5.<br>• In block A, indicate, by checking “Yes” or “No,” whether your system carried any partially distant stations.<br>• If your answer is “No,” compute your system’s base rate fee in block B. Leave part 9 blank.<br>• If your answer is “Yes” (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.<br><b>What is a partially distant station?</b> A station is “partially distant” if, at the time your system carried it, some of your subscribers were located within that station’s local service area and others were located outside that area. For the definition of a station’s “local service area,” see page (v) of the general instructions. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
|                                                                                 | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
|                                                                                 | • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br><div><input type="checkbox"/> Yes—Complete part 9 of this schedule. <input checked="" type="checkbox"/> No—Complete the following sections.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
|                                                                                 | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
|                                                                                 | Section<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ <b>733,956.66</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |
|                                                                                 | Section<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked “Yes,” use the total number of DSEs from part 5.) . . . . . ▶ <b>1.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |
|                                                                                 | Section<br>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.<br>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.<br><br>A. Enter 0.01064 of gross receipts<br>(the amount in section 1). . . . . ▶ \$ <b>7,809.30</b><br><br>B. Enter 0.00701 of gross receipts<br>(the amount in section 1). . . . . ▶ \$ <b>5,145.04</b><br><br>C. Subtract 1.000 from total DSEs<br>(the figure in section 2) and enter here. . . . . ▶ <b>0.25</b><br><br>D. Multiply line B by line C and enter here. . . . . ▶ \$ <b>1,286.26</b><br><br>E. Add lines A, and D. This is your base rate fee. Enter here<br>and in block 3, line 1, space L (page 7)<br><b>Base Rate Fee.</b> . . . . . ▶ \$ <b>9,095.56</b>                                                         |                                    |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                             |                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>SYSTEM ID#</b><br><b>024854</b> | <b>Name</b>                                 |                                                                                                                                                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">           Section<br/><b>4</b> </div> <div style="width: 80%;"> <p>If the figure in section 2 is <b>more than 4.000</b>, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ..... ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs<br/>(the figure in section 2) and enter here ..... ▶ _____</p> <p>F. Multiply line D by line E and enter here ..... ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your base rate fee.<br/>Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee</b> ..... ▶ \$ <span style="border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span></p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>8</b>                           | <b>Computation<br/>of<br/>Base Rate Fee</b> |                                                                                                                                                                                                   |
| <p><b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p><b>In General:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p><b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p><b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p><b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p><b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p><b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> <li>• Identify the communities/areas represented by each subscriber group.</li> <li>• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.</li> <li>• If:             <ol style="list-style-type: none"> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,</li> <li>2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions.</li> <li>• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.</li> </ul> |                                    | <b>9</b>                                    | <b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations, and<br/>for Partially<br/>Permitted<br/>Stations</b> |

|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------|-----|-----------|-----|--------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                        |     |           |     | SYSTEM ID#<br><b>024854</b>         |     |           |     | Name                                                                                                                     |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                               |     |           |     |                                     |     |           |     | <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div> |  |
| FIRST SUBSCRIBER GROUP                                                                                                                                                         |     |           |     | SECOND SUBSCRIBER GROUP             |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                              |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                      | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                                |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts First Group \$ 0.00                                                                                                                                             |     |           |     | Gross Receipts Second Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee First Group \$ 0.00                                                                                                                                              |     |           |     | Base Rate Fee Second Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| THIRD SUBSCRIBER GROUP                                                                                                                                                         |     |           |     | FOURTH SUBSCRIBER GROUP             |     |           |     |                                                                                                                          |  |
| COMMUNITY/ AREA 0                                                                                                                                                              |     |           |     | COMMUNITY/ AREA 0                   |     |           |     |                                                                                                                          |  |
| CALL SIGN                                                                                                                                                                      | DSE | CALL SIGN | DSE | CALL SIGN                           | DSE | CALL SIGN | DSE |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
|                                                                                                                                                                                |     |           |     |                                     |     |           |     |                                                                                                                          |  |
| Total DSEs 0.00                                                                                                                                                                |     |           |     | Total DSEs 0.00                     |     |           |     |                                                                                                                          |  |
| Gross Receipts Third Group \$ 0.00                                                                                                                                             |     |           |     | Gross Receipts Fourth Group \$ 0.00 |     |           |     |                                                                                                                          |  |
| Base Rate Fee Third Group \$ 0.00                                                                                                                                              |     |           |     | Base Rate Fee Fourth Group \$ 0.00  |     |           |     |                                                                                                                          |  |
| <div>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)</div> <div>\$ 0.00</div> |     |           |     |                                     |     |           |     |                                                                                                                          |  |

Nonpermitted 3.75 Stations

|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|--|-----|-------------------------------------|--|-----------------------------|-----------|------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                             |  |     |           |  |     |                                     |  | SYSTEM ID#<br><b>024854</b> |           | Name |     |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                    |  |     |           |  |     |                                     |  |                             |           |      |     |
| FIRST SUBSCRIBER GROUP                                                                                                                              |  |     |           |  |     | SECOND SUBSCRIBER GROUP             |  |                             |           |      |     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  |     | COMMUNITY/ AREA 0                   |  |                             |           |      |     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE | CALL SIGN                           |  | DSE                         | CALL SIGN |      | DSE |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  |     | Total DSEs 0.00                     |  |                             |           |      |     |
| Gross Receipts First Group \$ 0.00                                                                                                                  |  |     |           |  |     | Gross Receipts Second Group \$ 0.00 |  |                             |           |      |     |
| Base Rate Fee First Group \$ 0.00                                                                                                                   |  |     |           |  |     | Base Rate Fee Second Group \$ 0.00  |  |                             |           |      |     |
| THIRD SUBSCRIBER GROUP                                                                                                                              |  |     |           |  |     | FOURTH SUBSCRIBER GROUP             |  |                             |           |      |     |
| COMMUNITY/ AREA 0                                                                                                                                   |  |     |           |  |     | COMMUNITY/ AREA 0                   |  |                             |           |      |     |
| CALL SIGN                                                                                                                                           |  | DSE | CALL SIGN |  | DSE | CALL SIGN                           |  | DSE                         | CALL SIGN |      | DSE |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
|                                                                                                                                                     |  |     |           |  |     |                                     |  |                             |           |      |     |
| Total DSEs 0.00                                                                                                                                     |  |     |           |  |     | Total DSEs 0.00                     |  |                             |           |      |     |
| Gross Receipts Third Group \$ 0.00                                                                                                                  |  |     |           |  |     | Gross Receipts Fourth Group \$ 0.00 |  |                             |           |      |     |
| Base Rate Fee Third Group \$ 0.00                                                                                                                   |  |     |           |  |     | Base Rate Fee Fourth Group \$ 0.00  |  |                             |           |      |     |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |  |     |                                     |  |                             |           |      |     |
| \$ 0.00                                                                                                                                             |  |     |           |  |     |                                     |  |                             |           |      |     |

9  
Computation  
of  
Base Rate Fee  
and  
Syndicated  
Exclusivity  
Surcharge  
for  
Partially  
Distant  
Stations

|                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                                                        | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV. L.P.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SYSTEM ID#<br><b>024854</b>                                                                                                                                            |
| <div>9</div> <div>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</div>                                                                    | 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:<br><div><input type="checkbox"/> First 50 major television market</div> <div><input type="checkbox"/> Second 50 major television market</div>                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                        |
|                                                                                                                                                                                             | <b>INSTRUCTIONS:</b><br><b>Step 1:</b> 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.<br><b>Step 2:</b> 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.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> 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. |                                                                                                                                                                        |
|                                                                                                                                                                                             | FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SECOND SUBSCRIBER GROUP                                                                                                                                                |
|                                                                                                                                                                                             | Line 1: Enter the VHF DSEs ..... <div>-</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Line 1: Enter the VHF DSEs ..... <div>-</div>                                                                                                                          |
|                                                                                                                                                                                             | Line 2: Enter the Exempt DSEs ..... <div>-</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Line 2: Enter the Exempt DSEs ..... <div>-</div>                                                                                                                       |
|                                                                                                                                                                                             | 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 ..... <div>-</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 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 ..... <div>-</div> |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group ..... <div>\$</div>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group ..... <div>\$</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                        |
| THIRD SUBSCRIBER GROUP                                                                                                                                                                      | FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                        |
| Line 1: Enter the VHF DSEs ..... <div></div>                                                                                                                                                | Line 1: Enter the VHF DSEs ..... <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                        |
| Line 2: Enter the Exempt DSEs. . <div></div>                                                                                                                                                | Line 2: Enter the Exempt DSEs. . <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                        |
| 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 ..... <div>-</div>                      | 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 ..... <div>-</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                        |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group ..... <div>\$</div>                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group ..... <div>\$</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                        |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) ..... <div>\$</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                             |              |       |               |           |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|--------------|-------|---------------|-----------|-----------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>PEACHTREE CABLE TV LP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | SYSTEM ID#<br><b>024854</b> | Name         |       |               |           |                 |
| <table><tr><td>CITY OR TOWN</td><td>STATE</td></tr><tr><td><b>DUBLIN</b></td><td><b>GA</b></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                             | CITY OR TOWN | STATE | <b>DUBLIN</b> | <b>GA</b> | First Community |
| CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STATE     |                             |              |       |               |           |                 |
| <b>DUBLIN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>GA</b> |                             |              |       |               |           |                 |
| <div><div>Line 1. ROYALTY FEE FROM SPACE L</div><div>\$9,095.56</div></div> <div><div>Line 2. FILING FEE</div><div>725.00</div></div> <div><div>Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD</div><div>Add lines 1 and 2 and enter here</div><div>\$9,820.56</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                             | Total Fee    |       |               |           |                 |
| <p>Effective January 1, 2014, pursuant to the Satellite Television Extension and Localism Act of 2010 (STELA), which granted authority to the Copyright Office to establish fees for the filing of statements of account (SOAs) under the section 111, 119, and 122 statutory licenses, the Office now assesses filing fees for ALL SOAs for current, past and future accounting periods. For details, see the Federal Register, November 29, 2013 (78 FR 71498). Please be advised that the filing fee is deducted before the royalty payment is credited; thus the omission of the appropriate filing fee will result in an underpayment of royalty fees. Please remit the royalty fee and filing fee in <b>one EFT payment</b>. (SOA3 filing fee: \$725).</p> |           |                             |              |       |               |           |                 |