This form is effective beginning with the July 1 to December 30, 2025, accounting period (2025/2).
If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

SA3E
Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8/25/2026	$
	ALLOCATION NUMBER

Return completed workbook by email to

coplicsoa@copyright.gov

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

Digitally signed by Licensing Section
Date: 2026.10.02 09:11:02 -04'00'

A Accounting Period

ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

2026/1

B Owner

Instructions:
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.
List any other name or names under which the owner conducts the business of the cable system.
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.

☐ Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. **003769**

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM

THE HELICON GROUP, L.P.

00376920261

003769 2026/1

12405 POWERSCOURT DRIVE
ST LOUIS MO 63131

C System

INSTRUCTIONS: 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.

1 **IDENTIFICATION OF CABLE SYSTEM:**
CHARTER COMMUNICATIONS

2 **MAILING ADDRESS OF CABLE SYSTEM:**
P O BOX 1115 - 107-B WEEK AVE
(Number, street, rural route, apartment, or suite number)
ROXBORO, NC 27573
(City, town, state, zip code)

D Area Served / First Community

Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.

CITY OR TOWN	STATE
ROXBORO	**NC**

Below is a sample for reporting communities if you report multiple channel line-ups in Space G.

Sample

CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Alda	**MD**	**A**	**1**
Alliance	**MD**	**B**	**2**
Gering	**MD**	**B**	**3**

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

THE HELICON GROUP, L.P.

SYSTEM ID#
003769

D
Area Served

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 8).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 8 of the DSE Schedule) in the appropriate columns below.

CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#
ROXBORO	PERSON	NC	A	1
CASWELL, COUNTY OF	CASWELL	NC	A	2
GRANVILLE, COUNTY OF	GRANVILLE	NC	A	2
MILTON	CASWELL	NC	A	2
ORANGE, COUNTY OF	ORANGE	NC	A	2
PERSON, COUNTY OF	PERSON	NC	A	1
YANCEYVILLE, TOWN OF	CASWELL	NC	A	2

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	THE HELICON GROUP, L.P.	**003769**

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

Categories of service shall not be left blank. If a cable operator does not serve a specific category a "zero" or a "N/A" (not applicable) must be reported in the appropriate space.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	**3,606**	**9.99-36.00**			
• Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	**70**	**9.99-45.00**			
Equipment					
• Residential					
• Non-residential					
Broadcast Fees					

LEGAL NAME OF OWNER OF CABLE SYSTEM:
THE HELICON GROUP, L.P.

SYSTEM ID# 003769

Name

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

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

CHANNEL LINE-UP AA

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WFPX	36	I	0		FAYETTEVILLE, NC
WLFL	27	I			RALEIGH, NC
WLFL 2	27.2	I-M			RALEIGH, NC
WLFL 3	27.3	I-M			RALEIGH, NC
WNCN	17	I			GOLDSBORO, NC
WNCN 2	17.2	I-M			GOLDSBORO, NC
WNCN 3	17.3	I-M			GOLDSBORO, NC
WNCN 4	17.4	I-M			GOLDSBORO, NC
WRAL	48	N			RALEIGH, NC
WRAL 2	48.2	I-M			RALEIGH, NC
WRAL 3	48.3	I-M			RALEIGH, NC
WRAL 6	48.6	I-M			RALEIGH, NC
WRAY	42	I	0		WILSON, NC
WRAZ	49	I			RALEIGH, NC
WRAZ 2	49.2	I-M			RALEIGH, NC
WRAZ 3	49.3	I-M			RALEIGH, NC
WRDC	28	I			DURHAM, NC
WRDC 2	28.2	I-M			DURHAM, NC
WRPX	34	I	0		ROCKY MOUNT
WTVD	11	N			DURHAM, NC
WTVD 2	11.2	I-M			DURHAM, NC
WTVD 3	11.3	I-M			DURHAM, NC
WUNC	25	E			CHAPEL HILL
WUNC 2	25.2	E-M			CHAPEL HILL
WUNC 3	25.3	E-M			CHAPEL HILL

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: THE HELICON GROUP, L.P.	SYSTEM ID# 003769

H

Primary Transmitters: Radio

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

THE HELICON GROUP, L.P.

SYSTEM ID# 003769

Name

SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG

I

Substitute Carriage: Special Statement and Program Log

In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.

1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE

• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? ☐ Yes ☒ No

Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.

2. LOG OF SUBSTITUTE PROGRAMS

In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."

Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."

Column 3: Give the call sign of the station broadcasting the substitute program.

Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."

Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."

Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON FOR DELETION
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM	TO	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **THE HELICON GROUP, L.P.**	**SYSTEM ID# 003769**

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE

CALL SIGN	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN CARRIAGE OCCURRED			
		HOURS					HOURS		
	DATE	FROM		TO		DATE	FROM		TO
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LEGAL NAME OF OWNER OF CABLE SYSTEM: **THE HELICON GROUP, L.P.**

SYSTEM ID# 003769

Name

GROSS RECEIPTS

Instructions: 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.

Gross receipts from subscribers for secondary transmission service(s) during the accounting period. . . . . **$ 840,718.17** (Amount of gross receipts)

IMPORTANT: You must complete a statement in space P concerning gross receipts.

K Gross Receipts

COPYRIGHT ROYALTY FEE

Instructions: Use the blocks in this space L to determine the royalty fee you owe:

- Complete block 1, showing your minimum fee.
- Complete block 2, showing whether your system carried any distant television stations.
- 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.
- 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.

▶ If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.

▶ 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.

L Copyright Royalty Fee

Block 1

MINIMUM FEE: 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.

Line 1. Enter the amount of gross receipts from space K. **$ 840,718.17**

Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. **$ 8,945.24**

Block 2

DISTANT TELEVISION STATIONS CARRIED: 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.

• Did your cable system carry any distant television stations during the accounting period?

☐ Yes—Complete the DSE schedule. ☐ No—Leave block 3 below blank and complete line 1, block 4.

Block 3

Line 1. **BASE RATE FEE:** Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. **$ -**

Line 2. **3.75 Fee:** Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. **15,212.66**

Line 3. Add lines 1 and 2 and enter here. **$ 15,212.66**

Block 4

Line 1. **BASE RATE FEE/3.75 FEE or MINIMUM FEE:** Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. **$ 15,212.66**

Line 2. **INTEREST CHARGE:** Enter the amount from line 4, space Q, page 9 (Interest Worksheet) **0.00**

Line 3. **FILING FEE.** . . . . . **$ 725.00**

TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.

Add Lines 1, 2 and 3 of block 4 and enter total here . . . . . **$ 15,937.66**

EFT Trace # or TRANSACTION ID #

Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)

Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: THE HELICON GROUP, L.P.	SYSTEM ID# 003769

M

Channels

CHANNELS

Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.

1. Enter the total number of channels on which the cable system carried television broadcast stations **25**

2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services **297**

N

Individual to Be Contacted for Further Information

INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)

Name **JACOB C SCHLECHTE** Telephone **314-543-2294**

Address **12405 POWERSCOURT DRIVE**
(Number, street, rural route, apartment, or suite number)

ST LOUIS MO 63131
(City, town, state, zip)

Email _____ Fax (optional) _____

O

Certification

CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)

• **I**, the undersigned, hereby certify that (Check one, *but only one* , of the boxes.)

☐ **(Owner other than corporation or partnership)** I am the owner of the cable system as identified in line 1 of space B; or

☒ **(Agent of owner other than corporation or partnership)** I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or

☐ **(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.

• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]

X **/s/ Pamela K. Heflin**

Enter an electronic signature on the line above using an "/s/" signature to certify this statement.
(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.

Typed or printed name: **PAMELA K. HEFLIN**

Title: **SR. MANAGER, ACCOUNTING**
(Title of official position held in corporation or partnership)

Date: **8/21/2026**

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LEGAL NAME OF OWNER OF CABLE SYSTEM:
THE HELICON GROUP, L.P.

SYSTEM ID#
003769

Name

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS

The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:

> "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."

For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.

During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?

[X] NO

[ ] YES. Enter the total here and list the satellite carrier(s) below. . . . . $

Name	Name
Mailing Address	Mailing Address

P

Special Statement Concerning Gross Receipts Exclusion

INTEREST ASSESSMENTS

You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.

Line 1 Enter the amount of late payment or underpayment . . . . .

x

Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -

x days

Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -

x 0.00274

Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) . . . . . $ -

(interest charge)

* To view the interest rate chart click on *www.copyright.gov/licensing/interest-rate.pdf.* For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.

Owner
Address

First community served
Accounting period
ID number

Q

Interest Assessment

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

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: THE HELICON GROUP, L.P.	SYSTEM ID# 003769
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.	**3.00**

2

Computation of DSEs for Category "O" Stations

Instructions:
In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).
In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."

Add rows as necessary. Remember to copy all formula into new rows.

CATEGORY "O" STATIONS: DSEs

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WFPX	**1.000**				
WRAY	**1.000**				
WRPX	**1.000**				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: THE HELICON GROUP, L.P.	SYSTEM ID# 003769

3

Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity

Instructions: CAPACITY

Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).

Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.

Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.

Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.

Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."

Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.

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		=	
		÷		=		x		=	

SUM OF DSEs OF CATEGORY LAC STATIONS:
Add the DSEs of each station.
Enter the sum here and in line 2 of part 5 of this schedule, ... ▶ **0.00**

4

Computation of DSEs for Substitute-Basis Stations

Instructions:

Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:
- Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and
- Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).

Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.

Column 3: Enter the number of days in the calendar year: 365, except in a leap year.

Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).

SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs

1. CALL 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
		÷		=				÷		=	
		÷		=				÷		=	
		÷		=				÷		=	
		÷		=				÷		=	
		÷		=				÷		=	
		÷		=				÷		=	

SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:
Add the DSEs of each station.
Enter the sum here and in line 3 of part 5 of this schedule, ... ▶ **0.00**

5

Total Number of DSEs

TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.

1. Number of DSEs from part 2 ●	▶	**3.00**
2. Number of DSEs from part 3 ●	▶	**0.00**
3. Number of DSEs from part 4 ●	▶	**0.00**
TOTAL NUMBER OF DSEs	▶	**3.00**

LEGAL NAME OF OWNER OF CABLE SYSTEM: **THE HELICON GROUP, L.P.**

SYSTEM ID# 003769

Name

Instructions: Block A must be completed.
In block A:
• 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.
• If your answer if "No," complete blocks B and C below.

6

Computation of 3.75 Fee

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?

☐ Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.

☒ No—Complete blocks B and C below.

BLOCK B: CARRIAGE OF PERMITTED DSEs

Column 1: CALL SIGN — 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.)

Column 2: BASIS OF PERMITTED CARRIAGE — 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.)

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)]
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)
C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]
D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).
E Carried pursuant to individual waiver of FCC rules (76.7)
*F A station previously carried on a part-time or substitute basis prior to June 25, 1981

M Retransmission of a distant multicast stream.

Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.
*(**Note:** 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.)

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 — **3.00**

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. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) — **3.00** / **0.00**

Line 4: Enter gross receipts from space K (page 7) — **$ 840,718.17**

x 0.0375

Line 5: Multiply line 4 by 0.0375 and enter sum here — **$ 31,526.93**

x

Line 6: Enter total number of DSEs from line 3 — **3.00**

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) — **$ 94,580.79**

Do any of the DSEs represent partially permited/ partially nonpermitted carriage? If yes, see part 9 instructions.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

THE HELICON GROUP, L.P.

SYSTEM ID# 003769

Name

BLOCK A: TELEVISION MARKETS (CONTINUED)

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE

6

Computation of 3.75 Fee

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: THE HELICON GROUP, L.P.	SYSTEM ID# 003769

Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage

Instructions: You must complete this worksheet for those stations identifed 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.)

Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.

Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.

Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).

Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:
(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)

A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).

B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).

S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.

Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.

Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.

IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verifcation from the designated statement of account on fle in the Licensing Section.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: THE HELICON GROUP, L.P.	SYSTEM ID# 003769

7 Computation of Base Rate Fee

Instructions:
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.
• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.
• If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank.
• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 8. Leave block B below blank.
What is a partially distant station? 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?

[X] Yes—Complete part 8 of this schedule. [ ] No—Complete the following sections.

BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE

Section 1

Enter the amount of gross receipts from space K (page 7). . . . . ▶ $ _____

Section 2

Enter the total number of permitted DSEs from block B, part 6 of this schedule.
(If block A of part 6 was checked "Yes,"
use the total number of DSEs from part 5.). . . . . ▶ _____

Section 3

If the figure in section 2 is **4.000 or less,** compute your base rate fee here and leave section 4 blank.
NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.

A. Enter 0.01064 of gross receipts
(the amount in section 1). . . . . ▶ $ _____

B. Enter 0.00701 of gross receipts
(the amount in section 1). . . . . ▶ _____

C. Subtract 1.000 from total DSEs
(the figure in section 2) and enter here. . . . . ▶ _____ -

D. Multiply line B by line C and enter here. . . . . ▶ $ _____

E. Add lines A and D. This is your base rate fee. Enter here
and in block 3, line 1, space L (page 7)
Base Rate Fee. . . . . . ▶ **.$. 0.00**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

THE HELICON GROUP, L.P.

SYSTEM ID# 003769

Name

Section 4

If the figure in section 2 is **more than 4.000**, compute your base rate fee here and leave section 3 blank.

7

Computation of Base Rate Fee

A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ $

B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ $

C. Multiply line B by 3.000 and enter here ▶ $

D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ $

E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶

F. Multiply line D by line E and enter here ▶ $

G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) **Base Rate Fee** ▶ $ **0.00**

8

Computation of Base Rate Fee for Partially Distant Stations, and for Partially Permitted Stations

IMPORTANT: 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.

In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:

First: 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.

Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

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.

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

• Identify the communities/areas represented by each subscriber group.

• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.

• If:

1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,

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.

• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.

• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.

• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
THE HELICON GROUP, L.P.

SYSTEM ID#
003769

Name

8
Computation of Base Rate Fee for Partially Distant Stations

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **705,494.50**

Base Rate Fee First Group $ **0.00**

SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Second Group $ **135,223.67**

Base Rate Fee Second Group $ **0.00**

THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **0.00**

Base Rate Fee Third Group $ **0.00**

FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth 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.
Enter here and in block 3, line 1, space L (page 7) $ **0.00**

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:
THE HELICON GROUP, L.P.

SYSTEM ID#
003769

Name

8
Computation of 3.75 Fee for Partially Distant Stations

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

FIRST SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts First Group $ **705,494.50**

Base Rate Fee First Group $ **0.00**

SECOND SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE
WFPX	**1.00**		
WRAY	**1.00**		
WRPX	**1.00**		

Total DSEs **3.00**

Gross Receipts Second Group $ **135,223.67**

Base Rate Fee Second Group $ **15,212.66**

THIRD SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Third Group $ **0.00**

Base Rate Fee Third Group $ **0.00**

FOURTH SUBSCRIBER GROUP

COMMUNITY/ AREA **0**

CALL SIGN	DSE	CALL SIGN	DSE

Total DSEs **0.00**

Gross Receipts Fourth 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.
Enter here and in block 3, line 1, space L (page 7)

$ **15,212.66**