

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            |
| 8/24/2026                     | \$                |
|                               | ALLOCATION NUMBER |
|                               |                   |

Return completed workbook by  
email to

[coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov)

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

|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |          |              |                                                             |  |  |               |                                                                                                                                                                                     |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--------------|-------------------------------------------------------------|--|--|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------|--|--|--|-----------------------|-------|------------|----------|-------------|-----------|----------|----------|-----------------|-----------|----------|----------|---------------|-----------|----------|----------|
| <b>A</b><br>Accounting<br>Period                                                                | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b><br><br><b>2026/1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |          |              |                                                             |  |  |               |                                                                                                                                                                                     |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>B</b><br>Owner                                                                               | <p><b>Instructions:</b><br/>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.<br/>List any other name or names under which the owner conducts the business of the cable system.<br/><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 Section. <b>4035</b></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br/><b>Golden West Cablevision, Inc.</b></p> <p><b>40352026/1</b><br/><b>4035 2026/1</b></p> <p><b>PO Box 411</b><br/><b>Wall, SD 57790</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="3"><b>IDENTIFICATION OF CABLE SYSTEM:</b><br/><b>Winner Hub</b></td></tr><tr><td>2</td><td colspan="3"><b>MAILING ADDRESS OF CABLE SYSTEM:</b><br/><b>PO Box 411</b><br/>(Number, street, rural route, apartment, or suite number)<br/><b>Wall, SD 57790</b><br/>(City, town, state, zip code)</td></tr></table>                                                                                                                                                                                                                                                                                                                                |            |          | 1            | <b>IDENTIFICATION OF CABLE SYSTEM:</b><br><b>Winner Hub</b> |  |  | 2             | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><b>PO Box 411</b><br>(Number, street, rural route, apartment, or suite number)<br><b>Wall, SD 57790</b><br>(City, town, state, zip code) |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 1                                                                                               | <b>IDENTIFICATION OF CABLE SYSTEM:</b><br><b>Winner Hub</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |              |                                                             |  |  |               |                                                                                                                                                                                     |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 2                                                                                               | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><b>PO Box 411</b><br>(Number, street, rural route, apartment, or suite number)<br><b>Wall, SD 57790</b><br>(City, town, state, zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |          |              |                                                             |  |  |               |                                                                                                                                                                                     |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <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>WINNER</b></td><td colspan="3"><b>SD</b></td></tr><tr><td colspan="4">Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td></tr><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>WINNER</b> | <b>SD</b>                                                                                                                                                                           |  |  | Below is a sample for reporting communities if you report multiple channel line-ups in Space G. |  |  |  | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | <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>WINNER</b>                                                                                   | <b>SD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |          |              |                                                             |  |  |               |                                                                                                                                                                                     |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| Below is a sample for reporting communities if you report multiple channel line-ups in Space G. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |          |              |                                                             |  |  |               |                                                                                                                                                                                     |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| CITY OR TOWN (SAMPLE)                                                                           | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CH LINE UP | SUB GRP# |              |                                                             |  |  |               |                                                                                                                                                                                     |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <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 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:

SYSTEM ID#

4035

**Golden West Cablevision, Inc.**

**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(d). 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.

**D**  
Area  
Served

[illegible]

## First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

**Golden West Cablevision, Inc.**

# 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.

[illegible]

U.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>SYSTEM ID#</b><br><b>4035</b> | <b>Name</b>                                                                                                                                                            |
| <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>                                                                                                                                      |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe:<br>• Complete block 1, showing your minimum fee.<br>• Complete block 2, showing whether your system carried any distant television stations.<br>• 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.<br>• 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.<br>▶ 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.<br>▶ 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | <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. ....<br>Line 2. Multiply the amount in line 1 by 0.01064.<br>Enter the result here. ....<br>This is your minimum fee. ....                                                            |                                  | \$ 558,390.37<br>(Amount of gross receipts)<br><br>\$ 5,941.27                                                                                                         |
| 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>• Did your cable system carry any distant television stations during the accounting period?<br><input type="checkbox"/> Yes—Complete the DSE schedule. <input checked="" 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 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. ....<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. ....<br>Line 3. Add lines 1 and 2 and enter here. ....                                                                                                                                                                                              |                                  | \$ -<br>0.00<br>\$ -                                                                                                                                                   |
| 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. ....<br>Line 2. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) .....<br>Line 3. <b>FILING FEE.</b> .....<br><br><b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b><br>Add Lines 1, 2 and 3 of block 4 and enter total here .....<br><br><b>EFT Trace # or TRANSACTION ID #</b> 285BM312 |                                  | \$ 5,941.27<br>0.00<br>\$ 725.00<br><br>\$ 6,666.27                                                                                                                    |
| <a href="#">Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees. |

|                                                                           |                                                                                                                                                                                                                                                                                                                                                                   |                               |                                  |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------|
| <b>Name</b>                                                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                                                                                                                                      |                               | <b>SYSTEM ID#</b><br><b>4035</b> |
| <b>M</b><br><br><b>Channels</b>                                           | <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.                                                                                                  |                               |                                  |
|                                                                           | 1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . .                                                                                                                                                                                                                                                   | <b>13</b>                     |                                  |
|                                                                           | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . .                                                                                                                                                                                                               | <b>238</b>                    |                                  |
| <b>N</b><br><br><b>Individual to Be Contacted for Further Information</b> | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)                                                                                                                                                                                                                      |                               |                                  |
|                                                                           | Name <b>Jill Reinert</b>                                                                                                                                                                                                                                                                                                                                          | Telephone <b>605-279-2161</b> |                                  |
|                                                                           | Address <b>PO Box 411</b><br><small>(Number, street, rural route, apartment, or suite number)</small>                                                                                                                                                                                                                                                             |                               |                                  |
|                                                                           | <b>Wall, SD 57790</b><br><small>(City, town, state, zip)</small>                                                                                                                                                                                                                                                                                                  |                               |                                  |
|                                                                           | Email <b>jillreinert@goldenwest.com</b>                                                                                                                                                                                                                                                                                                                           | Fax (optional)                |                                  |
| <b>O</b><br><br><b>Certification</b>                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)                                                                                                                                                                                                                                    |                               |                                  |
|                                                                           | • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)                                                                                                                                                                                                                                                                        |                               |                                  |
|                                                                           | <input type="checkbox"/> <b>(Owner other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; or                                                                                                                                                                                                           |                               |                                  |
|                                                                           | <input type="checkbox"/> <b>(Agent of owner other than corporation or partnership)</b> 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                                                                                                              |                               |                                  |
|                                                                           | <input checked="" type="checkbox"/> <b>(Officer or partner)</b> 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.<br>[18 U.S.C., Section 1001(1986)]                                                                              |                               |                                  |
|                                                                           | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 5px;">X</div> <div style="flex-grow: 1;">/s/ Nick Rogness</div> </div> </div>                                                                                                |                               |                                  |
|                                                                           | 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: <b>Nick Rogness</b>                                                                                                                                                                                                                                                                                                                        |                               |                                  |
|                                                                           | Title: <b>CEO/GM</b><br><small>(Title of official position held in corporation or partnership)</small>                                                                                                                                                                                                                                                            |                               |                                  |
|                                                                           | Date: <b>August 24, 2026</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 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:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | SYSTEM ID#<br><b>4035</b> |  | Name                                                                         |  |                                            |  |
| <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 in the paper SA3 form.<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="" 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Name                      |  |                                                                              |  |                                            |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Mailing Address           |  |                                                                              |  |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |  |                                                                              |  |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |  |                                                                              |  |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |  |                                                                              |  |                                            |  |
| <b>INTEREST ASSESSMENTS</b><br><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 in the paper SA3 form.<br><br>Line 1 Enter the amount of late payment or underpayment . . . . .<br><br>x<br><br>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -<br><br>x days<br><br>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -<br><br>x 0.00274<br><br>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,<br>space L (page 7) . . . . . \$ -<br><br>(interest charge)<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@copyright.gov">licensing@copyright.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 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:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                                                                                                                        |     |           |      | SYSTEM ID#<br><b>4035</b> |     |
| SUM OF DSEs OF CATEGORY "O" STATIONS:<br>• Add the DSEs of each station.<br>Enter the sum here and in line 1 of part 5 of this schedule.                  |                                                                                                                                                                                                                                                                                                                                                     |     |           | 0.00 |                           |     |
| 2<br><br>Computation<br>of DSEs for<br>Category "O"<br>Stations<br><br><br>Add rows as<br>necessary.<br>Remember to copy all<br>formula into new<br>rows. | <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 |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |
|                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |     |           |      |                           |     |

|             |                                                                              |  |  |  |  |  |                                  |
|-------------|------------------------------------------------------------------------------|--|--|--|--|--|----------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b> |  |  |  |  |  | <b>SYSTEM ID#</b><br><b>4035</b> |
|-------------|------------------------------------------------------------------------------|--|--|--|--|--|----------------------------------|

  

### 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                          | =             |        |
|                                            | ÷                                    | =                                 | 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 ● | ▶ | 0.00 |
| 2. Number of DSEs from part 3 ● | ▶ | 0.00 |
| 3. Number of DSEs from part 4 ● | ▶ | 0.00 |

TOTAL NUMBER OF DSEs .....▶ 0.00

|                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        |                                  |                    |                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|--------|----------------------------------|--------------------|------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                                                                                                                                       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        | <b>SYSTEM ID#</b><br><b>4035</b> |                    | <b>Name</b>                        |  |
| <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.                                                                                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        |                                  |                    | 6                                  |  |
| <b>BLOCK A: TELEVISION MARKETS</b>                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        |                                  |                    | <b>Computation of<br/>3.75 Fee</b> |  |
| 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><br><input checked="" type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.<br><br><input type="checkbox"/> No—Complete blocks B and C below. |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        |                                  |                    |                                    |  |
| <b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>                                                                                                                                                                                                                                                                                                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        |                                  |                    |                                    |  |
| Column 1:<br>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:<br>BASIS OF PERMITTED CARRIAGE                                                                                                                                                                                                                                                                                                                           |                    | Enter the appropriate letter indicating the basis on which you carried a permitted station.<br>(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><br>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.<br>*(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               |                                    |  |
| <b>BLOCK C: COMPUTATION OF 3.75 FEE</b>                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        |                                  |                    |                                    |  |
| 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) ..... <b>0.00</b>                                                                                                                                                                       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        |                                  |                    |                                    |  |
| Line 4: Enter gross receipts from space K (page 7) .....<br><div style="text-align: right; margin-right: 10%;">x 0.0375</div>                                                                                                                                                                                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        |                                  |                    |                                    |  |
| Line 5: Multiply line 4 by 0.0375 and enter sum here .....<br><div style="text-align: right; margin-right: 10%;">x</div>                                                                                                                                                                                                                                           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        |                                  |                    |                                    |  |
| Line 6: Enter total number of DSEs from line 3 .....                                                                                                                                                                                                                                                                                                               |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        |                                  |                    |                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        |                                  | 0.00               |                                    |  |
| Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) .....                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                    |        |                                  |                    |                                    |  |

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

[illegible]

Form SA3E Long Form (Rev. 05-17)

|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| <b>Name</b>                                                                                                                                                                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>SYSTEM ID#</b><br><b>4035</b> |
| <h1 style="margin: 0;">7</h1> <p style="margin: 0;"><b>Computation<br/>of<br/>Base Rate Fee</b></p>                                                                             | <p><b>Instructions:</b></p> <p>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.</p> <ul style="list-style-type: none"> <li>In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank.</li> <li>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.</li> </ul> <p><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.</p> |  |                                  |
| <b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b>                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                  |
| • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                  |
| <input checked="" type="checkbox"/> Yes—Complete part 8 of this schedule. <span style="margin-left: 100px;"><input type="checkbox"/> No—Complete the following sections.</span> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                  |
| <b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                  |
| Section<br>1                                                                                                                                                                    | Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                  |
| 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,"<br>use the total number of DSEs from part 5.). . . . . ▶ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                  |
| Section<br>3                                                                                                                                                                    | <p>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.</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. Subtract 1.000 from total DSEs<br/>         (the figure in section 2) and enter here. . . . . ▶ _____ -</p> <p>D. Multiply line B by line C and enter here. . . . . ▶ \$ _____</p> <p>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)</p> <p style="text-align: right;"><b>Base Rate Fee.</b> . . . . . ▶ <span style="border: 1px solid black; padding: 2px 10px;">\$. 0.00</span></p>                                                                                    |  |                                  |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Golden West Cablevision, Inc.

4035

Name

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Section<br><b>4</b> | <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> ..... ▶ \$ ..... <b>0.00</b></p> | <b>7</b><br><br><b>Computation<br/>of<br/>Base Rate Fee</b> |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|

**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.

**8**

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

[illegible]

|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------|-----|-----------|--------------------------------|---------------------------|---------------------|------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |                     |     |           |                                | SYSTEM ID#<br><b>4035</b> |                     | Name |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                     |     |           |                                |                           |                     |      |  |
| FIFTH SUBSCRIBER GROUP                                                                                                                                            |     |                     |     |           | SIXTH SUBSCRIBER GROUP         |                           |                     |      |  |
| COMMUNITY/ AREA <b>BURKE</b>                                                                                                                                      |     |                     |     |           | COMMUNITY/ AREA <b>FAIRFAX</b> |                           |                     |      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN           | DSE | CALL SIGN | DSE                            | CALL SIGN                 | DSE                 |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>         |     |           | Total DSEs                     |                           | <b>0.00</b>         |      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>43,748.14</b> |     |           | Gross Receipts Second Group    |                           | \$ <b>4,576.02</b>  |      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b>      |     |           | Base Rate Fee Second Group     |                           | \$ <b>0.00</b>      |      |  |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                          |     |                     |     |           | EIGHTH SUBSCRIBER GROUP        |                           |                     |      |  |
| COMMUNITY/ AREA <b>GREGORY</b>                                                                                                                                    |     |                     |     |           | COMMUNITY/ AREA <b>MISSION</b> |                           |                     |      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN           | DSE | CALL SIGN | DSE                            | CALL SIGN                 | DSE                 |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
|                                                                                                                                                                   |     |                     |     |           |                                |                           |                     |      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>         |     |           | Total DSEs                     |                           | <b>0.00</b>         |      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>87,709.37</b> |     |           | Gross Receipts Fourth Group    |                           | \$ <b>43,536.23</b> |      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b>      |     |           | Base Rate Fee Fourth Group     |                           | \$ <b>0.00</b>      |      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                     |     |           |                                |                           |                     |      |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>                                      |     |                     |     |           |                                |                           |                     |      |  |

8

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------|-----|-----------------------------|------------------------------------|---------------------------|-----|------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |                     |     |                             |                                    | SYSTEM ID#<br><b>4035</b> |     | Name |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                     |     |                             |                                    |                           |     |      |  |
| NINTH SUBSCRIBER GROUP                                                                                                                                            |     |                     |     |                             | TENTH SUBSCRIBER GROUP             |                           |     |      |  |
| COMMUNITY/ AREA <b>MURDO</b>                                                                                                                                      |     |                     |     |                             | COMMUNITY/ AREA <b>RELIANCE</b>    |                           |     |      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN           | DSE | CALL SIGN                   | DSE                                | CALL SIGN                 | DSE |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>         |     | Total DSEs                  |                                    | <b>0.00</b>               |     |      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>37,948.55</b> |     | Gross Receipts Second Group |                                    | \$ <b>28,884.45</b>       |     |      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b>      |     | Base Rate Fee Second Group  |                                    | \$ <b>0.00</b>            |     |      |  |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                         |     |                     |     |                             | TWELVTH SUBSCRIBER GROUP           |                           |     |      |  |
| COMMUNITY/ AREA <b>ROSEBUD</b>                                                                                                                                    |     |                     |     |                             | COMMUNITY/ AREA <b>ST. FRANCIS</b> |                           |     |      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN           | DSE | CALL SIGN                   | DSE                                | CALL SIGN                 | DSE |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
|                                                                                                                                                                   |     |                     |     |                             |                                    |                           |     |      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>         |     | Total DSEs                  |                                    | <b>0.00</b>               |     |      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>57,185.43</b> |     | Gross Receipts Fourth Group |                                    | \$ <b>7,455.91</b>        |     |      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b>      |     | Base Rate Fee Fourth Group  |                                    | \$ <b>0.00</b>            |     |      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                     |     |                             |                                    |                           |     |      |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |                     |     |                             |                                    |                           |     |      |  |

**8**

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|---------------------|-----------------------------|-----------------------------|-----|------|--|----------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                     |                             | SYSTEM ID#<br><b>4035</b>   |     | Name |  |                |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                     |                             |                             |     |      |  |                |  |
| THIRTEENTH SUBSCRIBER GROUP                                                                                                                                       |     |           |     |                     | FOURTEENTH SUBSCRIBER GROUP |                             |     |      |  |                |  |
| COMMUNITY/ AREA <b>WHITE RIVER</b>                                                                                                                                |     |           |     |                     | COMMUNITY/ AREA <b>0</b>    |                             |     |      |  |                |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN           | DSE                         | CALL SIGN                   | DSE |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>         |                             | Total DSEs                  |     |      |  | <b>0.00</b>    |  |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ <b>44,735.96</b> |                             | Gross Receipts Second Group |     |      |  | \$ <b>0.00</b> |  |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ <b>0.00</b>      |                             | Base Rate Fee Second Group  |     |      |  | \$ <b>0.00</b> |  |
| FIFTEENTH SUBSCRIBER GROUP                                                                                                                                        |     |           |     |                     | SIXTEENTH SUBSCRIBER GROUP  |                             |     |      |  |                |  |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                          |     |           |     |                     | COMMUNITY/ AREA <b>0</b>    |                             |     |      |  |                |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN           | DSE                         | CALL SIGN                   | DSE |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |      |  |                |  |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>         |                             | Total DSEs                  |     |      |  | <b>0.00</b>    |  |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ <b>0.00</b>      |                             | Gross Receipts Fourth Group |     |      |  | \$ <b>0.00</b> |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ <b>0.00</b>      |                             | Base Rate Fee Fourth Group  |     |      |  | \$ <b>0.00</b> |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                     |                             |                             |     |      |  | \$ <b></b>     |  |

8

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| SEVENTEENTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | EIGHTEENTH SUBSCRIBER GROUP                          |                           |     |                                                                                                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| NINETEENTH SUBSCRIBER GROUP                                                                                                                                       |     |           |     |                                                                        | TWENTIETH SUBSCRIBER GROUP                           |                           |     |                                                                                                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|----------------------------|-----|------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#<br/>4035</b> |     | Name |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                            |     |      |  |
| TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | TWENTY-SECOND SUBSCRIBER GROUP                       |                            |     |      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |      |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |      |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |      |  |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | TWENTY-FOURTH SUBSCRIBER GROUP                       |                            |     |      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |      |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |      |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |      |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     |      |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |           |     |                                                                        |                                                      |                            |     |      |  |

8

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | TWENTY-SIXTH SUBSCRIBER GROUP                        |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     |                                                                        | TWENTY-EIGHTH SUBSCRIBER GROUP                       |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|-----|----------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                                                |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>4035</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                     |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                               |     |           |     | THIRTIETH SUBSCRIBER GROUP                                             |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                        |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                   | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                          |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                       |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                        |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                               |     |           |     | THIRTY-SECOND SUBSCRIBER GROUP                                         |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                        |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                   | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                          |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                       |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                        |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;">\$</div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |

|                                                                                                                                                                   |     |           |     |           |                                                      |                             |     |      |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------|------------------------------------------------------|-----------------------------|-----|------|--|---------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |           |                                                      | SYSTEM ID#<br><b>4035</b>   |     | Name |  |         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |           |                                                      |                             |     |      |  |         |  |
| THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |           | THIRTY-FOURTH SUBSCRIBER GROUP                       |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |           | THIRTY-SIXTH SUBSCRIBER GROUP                        |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |                                                      |                             |     |      |  |         |  |
| \$                                                                                                                                                                |     |           |     |           |                                                      |                             |     |      |  |         |  |

8

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     |                                                                        | THIRTY-EIGHTH SUBSCRIBER GROUP                       |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | FORTIETH SUBSCRIBER GROUP                            |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |                                                                              |     |                                                                               |                                                             | <b>SYSTEM ID#</b><br><b>4035</b>                                              |     | <b>Name</b>                                                                                                                                                |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
| <b>FORTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                               |     |                                                                              |     |                                                                               | <b>FORTY-SECOND SUBSCRIBER GROUP</b>                        |                                                                               |     |                                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                                                                              |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                                                               |     |                                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                                                    | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                                                                     | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                    |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |     |                                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     | Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span> |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |     |                                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     | Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>  |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |     |                                                                                                                                                            |  |
| <b>FORTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                               |     |                                                                              |     |                                                                               | <b>FORTY-FOURTH SUBSCRIBER GROUP</b>                        |                                                                               |     |                                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                                                                              |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                                                               |     |                                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN                                                                    | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                                                                     | DSE |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |                                                                              |     |                                                                               |                                                             |                                                                               |     |                                                                                                                                                            |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                    |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |     |                                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     | Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span> |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |     |                                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     | Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>  |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |     |                                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                                                                              |     |                                                                               |                                                             |                                                                               |     | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div>                                                          |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FORTY-SIXTH SUBSCRIBER GROUP                         |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | FORTY-EIGHTH SUBSCRIBER GROUP                        |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| FORTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FIFTIETH SUBSCRIBER GROUP                            |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FIFTY-SECOND SUBSCRIBER GROUP                        |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FIFTY-FOURTH SUBSCRIBER GROUP                        |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | FIFTY-SIXTH SUBSCRIBER GROUP                         |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | FIFTY-EIGHTH SUBSCRIBER GROUP                        |                           |     |                                                                                                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SIXTIETH SUBSCRIBER GROUP                            |                           |     |                                                                                                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

U.S. Copyright Office

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| SIXTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SIXTY-SIXTH SUBSCRIBER GROUP                         |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| SIXTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | SIXTY-EIGHTH SUBSCRIBER GROUP                        |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SEVENTIETH SUBSCRIBER GROUP                          |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | SEVENTY-SECOND SUBSCRIBER GROUP                      |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| SEVENTY-THIRD SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | SEVENTY-FOURTH SUBSCRIBER GROUP                      |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| SEVENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | SEVENTY-SIXTH SUBSCRIBER GROUP                       |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| SEVENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                  |     |           |     |                                                                        | SEVENTY-EIGHTH SUBSCRIBER GROUP                      |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| SEVENTY-NINTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | EIGHTIETH SUBSCRIBER GROUP                           |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|-----|----------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                  |     | <b>SYSTEM ID#</b><br><b>4035</b> |     | <b>Name</b>                                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| EIGHTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     | EIGHTY-SECOND SUBSCRIBER GROUP                   |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts First Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee First Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                            |
| EIGHTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     | EIGHTY-FOURTH SUBSCRIBER GROUP                   |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts Third Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|----------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#<br/>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
| EIGHTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | EIGHTY-SIXTH SUBSCRIBER GROUP                        |                            |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                    |  |
| EIGHTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     |                                                                        | EIGHTY-EIGHTH SUBSCRIBER GROUP                       |                            |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|----------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#<br/>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
| EIGHTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | NINTIETH SUBSCRIBER GROUP                            |                            |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                    |  |
| NINETY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | NINETY-SECOND SUBSCRIBER GROUP                       |                            |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                            |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                  | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                            |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                            |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                            |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                            |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                            |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |           |                                                      |                             |     |      |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------|------------------------------------------------------|-----------------------------|-----|------|--|---------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |           |                                                      | SYSTEM ID#<br><b>4035</b>   |     | Name |  |         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |           |                                                      |                             |     |      |  |         |  |
| NINETY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |           | NINETY-FOURTH SUBSCRIBER GROUP                       |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| NINETY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |           | NINETY-SIXTH SUBSCRIBER GROUP                        |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |                                                      |                             |     |      |  | \$      |  |

8

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| NINETY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     |                                                                        | NINETY-EIGHTH SUBSCRIBER GROUP                       |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| NINETY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | ONE HUNDREDTH SUBSCRIBER GROUP                       |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| ONE HUNDRED FIRST SUBSCRIBER GROUP                                                                                                                                |     |           |     |                                                                        | ONE HUNDRED SECOND SUBSCRIBER GROUP                  |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| ONE HUNDRED THIRD SUBSCRIBER GROUP                                                                                                                                |     |           |     |                                                                        | ONE HUNDRED FOURTH SUBSCRIBER GROUP                  |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|-----|----------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                  |     | <b>SYSTEM ID#</b><br><b>4035</b> |     | <b>Name</b>                                                                                                                                                |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |
| ONE HUNDRED FIFTH SUBSCRIBER GROUP                                                                                                                                |     |           |     | ONE HUNDRED SIXTH SUBSCRIBER GROUP               |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts First Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee First Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                            |
| ONE HUNDRED SEVENTH SUBSCRIBER GROUP                                                                                                                              |     |           |     | ONE HUNDRED EIGHTH SUBSCRIBER GROUP              |     |                                  |     |                                                                                                                                                            |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                  |     |                                                                                                                                                            |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                        | DSE |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                  |     |                                                                                                                                                            |
| Gross Receipts Third Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                            |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                            |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                  |     |                                  |     |                                                                                                                                                            |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| ONE HUNDRED NINTH SUBSCRIBER GROUP                                                                                                                                |     |           |     |                                                                        | ONE HUNDRED TENTH SUBSCRIBER GROUP                   |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| ONE HUNDRED ELEVENTH SUBSCRIBER GROUP                                                                                                                             |     |           |     |                                                                        | ONE HUNDRED TWELVTH SUBSCRIBER GROUP                 |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|-------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                      |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
| ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP                                                                                                                           |     |           |     |                                                                        | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP              |                           |     |                                                                                           |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                           |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                           |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                           |  |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP                                                                                                                            |     |           |     |                                                                        | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP               |                           |     |                                                                                           |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                           |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                           |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                           |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
| <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |

|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|-----|----------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                                                                                                                                         |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>4035</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                              |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                             |     |           |     | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP                                |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                                                                                                                 |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                                                                                                            | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                                                                                                                   |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                                                                                                                |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                                                                                                                 |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                              |     |           |     | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP                                 |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                                                                                                                 |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                                                                                                            | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                      |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                                                                                                                   |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                                                                                                                |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                                                                                                                 |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="text-align: right; margin-top: 5px;"> <span style="font-size: 1.5em;">\$</span> <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> </div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |

|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------|-----|----------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                               |                                                             | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
| ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                               | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP                  |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                    |  |
| ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                               | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP                  |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                    |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|----------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
| ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                        | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP            |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                    |  |
| ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |           |     |                                                                        | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP           |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|-------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                      |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
| ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                        | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP               |                           |     |                                                                                           |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                           |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                           |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                           |  |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                        | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP           |                           |     |                                                                                           |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                           |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                           |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                           |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                           |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |
| <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                           |  |

|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                               |                                                             | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
| ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                               | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP                  |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                    |  |
| ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                               | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP                   |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|-----|----------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                               |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>4035</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                    |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                |     |           |     | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP                             |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                       |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                         |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                  |     |           |     | ONE HUNDRED FORTIETH SUBSCRIBER GROUP                                  |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                       |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                         |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; padding: 5px; width: 150px;">\$</div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |

|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------------------------|------------------------------------------------------|----------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                             |                                                      | <b>SYSTEM ID#</b><br><b>4035</b> |     | Name                                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
| ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |           |     |                             | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP            |                                  |     |                                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                            |  |
| 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                          |     |                                                                                                                                                            |  |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |           |     |                             | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP            |                                  |     |                                                                                                                                                            |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                            |  |
| 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                          |     |                                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 100%; height: 20px;"></div>                                                          |  |

|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                               |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                    |     |           |     |                                                                        |                                                      |                           |     |      |  |
| ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                   |     |           |     |                                                                        | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP             |                           |     |      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                       |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |      |  |
| CALL SIGN                                                                                                                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                         |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |      |  |
| Gross Receipts First Group \$ <span style="float: right;">0.00</span>                                                                                                                                                                                      |     |           |     | Gross Receipts Second Group \$ <span style="float: right;">0.00</span> |                                                      |                           |     |      |  |
| Base Rate Fee First Group \$ <span style="float: right;">0.00</span>                                                                                                                                                                                       |     |           |     | Base Rate Fee Second Group \$ <span style="float: right;">0.00</span>  |                                                      |                           |     |      |  |
| ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                 |     |           |     |                                                                        | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP            |                           |     |      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                       |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |      |  |
| CALL SIGN                                                                                                                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
|                                                                                                                                                                                                                                                            |     |           |     |                                                                        |                                                      |                           |     |      |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                         |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |      |  |
| Gross Receipts Third Group \$ <span style="float: right;">0.00</span>                                                                                                                                                                                      |     |           |     | Gross Receipts Fourth Group \$ <span style="float: right;">0.00</span> |                                                      |                           |     |      |  |
| Base Rate Fee Third Group \$ <span style="float: right;">0.00</span>                                                                                                                                                                                       |     |           |     | Base Rate Fee Fourth Group \$ <span style="float: right;">0.00</span>  |                                                      |                           |     |      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; padding: 2px; width: 150px;">\$</div> |     |           |     |                                                                        |                                                      |                           |     |      |  |

8

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                        | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP                |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>Base Rate Fee<br>for<br>Partially<br>Distant<br>Stations                          |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                        | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP            |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|-----|----------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                                              |     |           |     |                                                                        |     | <b>SYSTEM ID#</b><br><b>4035</b> |     | <b>Name</b>                                                                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                   |     |           |     |                                                                        |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                  |     |           |     | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP                              |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                  |     |           |     | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP                               |     |                                  |     |                                                                                                                                                                             |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                                                      |     |           |     | COMMUNITY/ AREA <span style="float: right;">0</span>                   |     |                                  |     |                                                                                                                                                                             |
| CALL SIGN                                                                                                                                                                                                                                                                 | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE | CALL SIGN                        | DSE |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                           |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                                                        |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |     |                                  |     |                                                                                                                                                                             |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                     |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |     |                                  |     |                                                                                                                                                                             |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                                                      |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |     |                                  |     |                                                                                                                                                                             |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |     |           |     |                                                                        |     |                                  |     |                                                                                                                                                                             |

|                                                                                                                                                                   |     |           |     |           |                                                      |                             |     |      |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------|------------------------------------------------------|-----------------------------|-----|------|--|---------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |           |                                                      | SYSTEM ID#<br><b>4035</b>   |     | Name |  |         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |           |                                                      |                             |     |      |  |         |  |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |           |     |           | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP            |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |           | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP                |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |                                                      |                             |     |      |  | \$      |  |

8

Computation  
of  
Base Rate Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|-----|-----------------------------|----------------------------------|---------------------------|-----|----------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |                      |     |                             |                                  | SYSTEM ID#<br><b>4035</b> |     | Name           |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |                      |     |                             |                                  |                           |     |                |  |
| FIRST SUBSCRIBER GROUP                                                                                                                                            |     |                      |     |                             | SECOND SUBSCRIBER GROUP          |                           |     |                |  |
| COMMUNITY/ AREA <b>WINNER</b>                                                                                                                                     |     |                      |     |                             | COMMUNITY/ AREA <b>COLOME</b>    |                           |     |                |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                   | DSE                              | CALL SIGN                 | DSE |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>          |     | Total DSEs                  |                                  | <b>0.00</b>               |     |                |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>172,781.22</b> |     | Gross Receipts Second Group |                                  | \$ <b>13,785.75</b>       |     |                |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b>       |     | Base Rate Fee Second Group  |                                  | \$ <b>0.00</b>            |     |                |  |
| THIRD SUBSCRIBER GROUP                                                                                                                                            |     |                      |     |                             | FOURTH SUBSCRIBER GROUP          |                           |     |                |  |
| COMMUNITY/ AREA <b>ANTELOPE</b>                                                                                                                                   |     |                      |     |                             | COMMUNITY/ AREA <b>BONESTEEL</b> |                           |     |                |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                   | DSE                              | CALL SIGN                 | DSE |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
|                                                                                                                                                                   |     |                      |     |                             |                                  |                           |     |                |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>          |     | Total DSEs                  |                                  | <b>0.00</b>               |     |                |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>4,031.80</b>   |     | Gross Receipts Fourth Group |                                  | \$ <b>12,011.54</b>       |     |                |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b>       |     | Base Rate Fee Fourth Group  |                                  | \$ <b>0.00</b>            |     |                |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                      |     |                             |                                  |                           |     | \$ <b>0.00</b> |  |

8

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

## Nonpermitted 3.75 Stations

|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------|-----|-----------------------------|--------------------------------|---------------------------|-----|------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                                  |     |                     |     |                             |                                | SYSTEM ID#<br><b>4035</b> |     | Name |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                                                                                                              |     |                     |     |                             |                                |                           |     |      |  |
| FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                        |     |                     |     |                             | SIXTH SUBSCRIBER GROUP         |                           |     |      |  |
| COMMUNITY/ AREA <b>BURKE</b>                                                                                                                                                                                                                                  |     |                     |     |                             | COMMUNITY/ AREA <b>FAIRFAX</b> |                           |     |      |  |
| CALL SIGN                                                                                                                                                                                                                                                     | DSE | CALL SIGN           | DSE | CALL SIGN                   | DSE                            | CALL SIGN                 | DSE |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
| Total DSEs                                                                                                                                                                                                                                                    |     | <b>0.00</b>         |     | Total DSEs                  |                                | <b>0.00</b>               |     |      |  |
| Gross Receipts First Group                                                                                                                                                                                                                                    |     | \$ <b>43,748.14</b> |     | Gross Receipts Second Group |                                | \$ <b>4,576.02</b>        |     |      |  |
| Base Rate Fee First Group                                                                                                                                                                                                                                     |     | \$ <b>0.00</b>      |     | Base Rate Fee Second Group  |                                | \$ <b>0.00</b>            |     |      |  |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                      |     |                     |     |                             | EIGHTH SUBSCRIBER GROUP        |                           |     |      |  |
| COMMUNITY/ AREA <b>GREGORY</b>                                                                                                                                                                                                                                |     |                     |     |                             | COMMUNITY/ AREA <b>MISSION</b> |                           |     |      |  |
| CALL SIGN                                                                                                                                                                                                                                                     | DSE | CALL SIGN           | DSE | CALL SIGN                   | DSE                            | CALL SIGN                 | DSE |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
|                                                                                                                                                                                                                                                               |     |                     |     |                             |                                |                           |     |      |  |
| Total DSEs                                                                                                                                                                                                                                                    |     | <b>0.00</b>         |     | Total DSEs                  |                                | <b>0.00</b>               |     |      |  |
| Gross Receipts Third Group                                                                                                                                                                                                                                    |     | \$ <b>87,709.37</b> |     | Gross Receipts Fourth Group |                                | \$ <b>43,536.23</b>       |     |      |  |
| Base Rate Fee Third Group                                                                                                                                                                                                                                     |     | \$ <b>0.00</b>      |     | Base Rate Fee Fourth Group  |                                | \$ <b>0.00</b>            |     |      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 5px;">\$</div> |     |                     |     |                             |                                |                           |     |      |  |

8

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|---------------------|------------------------------------|-----------------------------|-----|------|--|---------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                     |                                    | SYSTEM ID#<br><b>4035</b>   |     | Name |  |                     |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                     |                                    |                             |     |      |  |                     |  |
| NINTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     |                     | TENTH SUBSCRIBER GROUP             |                             |     |      |  |                     |  |
| COMMUNITY/ AREA <b>MURDO</b>                                                                                                                                      |     |           |     |                     | COMMUNITY/ AREA <b>RELIANCE</b>    |                             |     |      |  |                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN           | DSE                                | CALL SIGN                   | DSE |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>         |                                    | Total DSEs                  |     |      |  | <b>0.00</b>         |  |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ <b>37,948.55</b> |                                    | Gross Receipts Second Group |     |      |  | \$ <b>28,884.45</b> |  |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ <b>0.00</b>      |                                    | Base Rate Fee Second Group  |     |      |  | \$ <b>0.00</b>      |  |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                         |     |           |     |                     | TWELVTH SUBSCRIBER GROUP           |                             |     |      |  |                     |  |
| COMMUNITY/ AREA <b>ROSEBUD</b>                                                                                                                                    |     |           |     |                     | COMMUNITY/ AREA <b>ST. FRANCIS</b> |                             |     |      |  |                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN           | DSE                                | CALL SIGN                   | DSE |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
|                                                                                                                                                                   |     |           |     |                     |                                    |                             |     |      |  |                     |  |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>         |                                    | Total DSEs                  |     |      |  | <b>0.00</b>         |  |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ <b>57,185.43</b> |                                    | Gross Receipts Fourth Group |     |      |  | \$ <b>7,455.91</b>  |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ <b>0.00</b>      |                                    | Base Rate Fee Fourth Group  |     |      |  | \$ <b>0.00</b>      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                     |                                    |                             |     |      |  | \$ <b></b>          |  |

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|---------------------|-----------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------|--|----------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                     |                             | SYSTEM ID#<br><b>4035</b>   |     | Name                                                                                 |  |                |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
| THIRTEENTH SUBSCRIBER GROUP                                                                                                                                       |     |           |     |                     | FOURTEENTH SUBSCRIBER GROUP |                             |     |                                                                                      |  |                |  |
| COMMUNITY/ AREA <b>WHITE RIVER</b>                                                                                                                                |     |           |     |                     | COMMUNITY/ AREA <b>0</b>    |                             |     |                                                                                      |  |                |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN           | DSE                         | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>         |                             | Total DSEs                  |     |                                                                                      |  | <b>0.00</b>    |  |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ <b>44,735.96</b> |                             | Gross Receipts Second Group |     |                                                                                      |  | \$ <b>0.00</b> |  |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ <b>0.00</b>      |                             | Base Rate Fee Second Group  |     |                                                                                      |  | \$ <b>0.00</b> |  |
| FIFTEENTH SUBSCRIBER GROUP                                                                                                                                        |     |           |     |                     | SIXTEENTH SUBSCRIBER GROUP  |                             |     |                                                                                      |  |                |  |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                          |     |           |     |                     | COMMUNITY/ AREA <b>0</b>    |                             |     |                                                                                      |  |                |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN           | DSE                         | CALL SIGN                   | DSE |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
|                                                                                                                                                                   |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>         |                             | Total DSEs                  |     |                                                                                      |  | <b>0.00</b>    |  |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ <b>0.00</b>      |                             | Gross Receipts Fourth Group |     |                                                                                      |  | \$ <b>0.00</b> |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ <b>0.00</b>      |                             | Base Rate Fee Fourth Group  |     |                                                                                      |  | \$ <b>0.00</b> |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |           |     |                     |                             |                             |     |                                                                                      |  |                |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|-----|----------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                  |     | <b>SYSTEM ID#</b><br><b>4035</b> |     | <b>Name</b>                                                                                                                                           |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |
| SEVENTEENTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     | EIGHTEENTH SUBSCRIBER GROUP                      |     |                                  |     |                                                                                                                                                       |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                  |     |                                                                                                                                                       |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                        | DSE |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                  |     |                                                                                                                                                       |
| Gross Receipts First Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                       |
| Base Rate Fee First Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                       |
| NINETEENTH SUBSCRIBER GROUP                                                                                                                                       |     |           |     | TWENTIETH SUBSCRIBER GROUP                       |     |                                  |     |                                                                                                                                                       |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                  |     |                                                                                                                                                       |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                        | DSE |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                  |     |                                                                                                                                                       |
| Gross Receipts Third Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                       |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                       |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |           |                                                      |                             |     |      |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------|------------------------------------------------------|-----------------------------|-----|------|--|---------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |           |                                                      | SYSTEM ID#<br><b>4035</b>   |     | Name |  |         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |           |                                                      |                             |     |      |  |         |  |
| TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |           | TWENTY-SECOND SUBSCRIBER GROUP                       |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |           | TWENTY-FOURTH SUBSCRIBER GROUP                       |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |                                                      |                             |     |      |  | \$      |  |

8

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |           |                                                      |                             |     |      |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------|------------------------------------------------------|-----------------------------|-----|------|--|---------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |           |                                                      | SYSTEM ID#<br><b>4035</b>   |     | Name |  |         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |           |                                                      |                             |     |      |  |         |  |
| TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |           | TWENTY-SIXTH SUBSCRIBER GROUP                        |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     |           | TWENTY-EIGHTH SUBSCRIBER GROUP                       |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |                                                      |                             |     |      |  | \$      |  |

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|-----------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                   |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name      |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                        |     |           |     |                                                                        |                                                      |                           |     |           |     |
| TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                  |     |           |     |                                                                        | THIRTIETH SUBSCRIBER GROUP                           |                           |     |           |     |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                           |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |           |     |
| CALL SIGN                                                                                                                                                                                                                                      | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | CALL SIGN | DSE |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                             |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |           |     |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                          |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |           |     |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                           |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |           |     |
| THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                  |     |           |     |                                                                        | THIRTY-SECOND SUBSCRIBER GROUP                       |                           |     |           |     |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                                                                                                           |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |           |     |
| CALL SIGN                                                                                                                                                                                                                                      | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | CALL SIGN | DSE |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
|                                                                                                                                                                                                                                                |     |           |     |                                                                        |                                                      |                           |     |           |     |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                                                                                             |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |           |     |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                          |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |           |     |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                                                                                                           |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |           |     |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <span style="float: right; border: 1px solid black; padding: 2px;">\$</span> |     |           |     |                                                                        |                                                      |                           |     |           |     |

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|----------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                               |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
| THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | THIRTY-FOURTH SUBSCRIBER GROUP                       |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                    |  |
| Gross Receipts First Group \$ <span style="float: right;">0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group \$ <span style="float: right;">0.00</span> |                                                      |                           |     |                                                                                                    |  |
| Base Rate Fee First Group \$ <span style="float: right;">0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group \$ <span style="float: right;">0.00</span>  |                                                      |                           |     |                                                                                                    |  |
| THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | THIRTY-SIXTH SUBSCRIBER GROUP                        |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                    |  |
| Gross Receipts Third Group \$ <span style="float: right;">0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group \$ <span style="float: right;">0.00</span> |                                                      |                           |     |                                                                                                    |  |
| Base Rate Fee Third Group \$ <span style="float: right;">0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group \$ <span style="float: right;">0.00</span>  |                                                      |                           |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

8

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|-----|----------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                  |     | <b>SYSTEM ID#</b><br><b>4035</b> |     | <b>Name</b>                                                                                                                                           |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |
| THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     | THIRTY-EIGHTH SUBSCRIBER GROUP                   |     |                                  |     |                                                                                                                                                       |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                  |     |                                                                                                                                                       |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                        | DSE |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                  |     |                                                                                                                                                       |
| Gross Receipts First Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                       |
| Base Rate Fee First Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                       |
| THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     | FORTIETH SUBSCRIBER GROUP                        |     |                                  |     |                                                                                                                                                       |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                  |     |                                                                                                                                                       |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                        | DSE |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                  |     |                                                                                                                                                       |
| Gross Receipts Third Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                       |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                       |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|-----|----------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                                                                                                                                                                           |     |           |     |                                                  |     | <b>SYSTEM ID#</b><br><b>4035</b> |     | <b>Name</b>                                                                                                                                                            |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                |     |           |     |                                                  |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| FORTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                           |     |           |     | FORTY-SECOND SUBSCRIBER GROUP                    |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                                                                                                                                                                                                                                                         |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                              | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
| Total DSEs _____ <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                                           |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts First Group \$ _____ <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                        |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee First Group \$ _____ <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                         |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                                        |
| FORTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                           |     |           |     | FORTY-FOURTH SUBSCRIBER GROUP                    |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                                                                                                                                                                                                                                                         |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                              | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                        |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |
| Total DSEs _____ <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                                           |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts Third Group \$ _____ <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                        |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                         |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                                        |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="background-color: yellow; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">\$</div> </div> |     |           |     |                                                  |     |                                  |     |                                                                                                                                                                        |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |           |                                                      |                             |     |      |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------|------------------------------------------------------|-----------------------------|-----|------|--|---------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |           |                                                      | SYSTEM ID#<br><b>4035</b>   |     | Name |  |         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |           |                                                      |                             |     |      |  |         |  |
| FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |           | FORTY-SIXTH SUBSCRIBER GROUP                         |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |           | FORTY-EIGHTH SUBSCRIBER GROUP                        |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |                                                      |                             |     |      |  |         |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |           |     |           |                                                      |                             |     |      |  |         |  |

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------------------------|------------------------------------------------------|----------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                             |                                                      | <b>SYSTEM ID#</b><br><b>4035</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
| FORTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                             | FIFTIETH SUBSCRIBER GROUP                            |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
| 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                          |     |                                                                                                                                                       |  |
| FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                             | FIFTY-SECOND SUBSCRIBER GROUP                        |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                       |  |
| 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                          |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                                  |     | <div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div>                                                     |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |           |                                                      |                             |     |      |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------|------------------------------------------------------|-----------------------------|-----|------|--|---------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |           |                                                      | SYSTEM ID#<br><b>4035</b>   |     | Name |  |         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |           |                                                      |                             |     |      |  |         |  |
| FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     |           | FIFTY-FOURTH SUBSCRIBER GROUP                        |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |           | FIFTY-SIXTH SUBSCRIBER GROUP                         |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |                                                      |                             |     |      |  | \$      |  |

8

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------------------------|-----|----------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                                                                                                               |     |           |     |                                                       |     | <b>SYSTEM ID#</b><br><b>4035</b> |     | <b>Name</b>                                                                                                                                                            |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                    |     |           |     |                                                       |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                             |     |           |     | FIFTY-EIGHTH SUBSCRIBER GROUP                         |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                                                                                                             |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                        |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                             | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
| Total DSEs _____ <b>0.00</b>                                                                                                                                                                                                                               |     |           |     | Total DSEs _____ <b>0.00</b>                          |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts First Group      \$ _____ <b>0.00</b>                                                                                                                                                                                                       |     |           |     | Gross Receipts Second Group      \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee First Group      \$ _____ <b>0.00</b>                                                                                                                                                                                                        |     |           |     | Base Rate Fee Second Group      \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                                        |
| FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                               |     |           |     | SIXTIETH SUBSCRIBER GROUP                             |     |                                  |     |                                                                                                                                                                        |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                                                                                                             |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                        |     |                                  |     |                                                                                                                                                                        |
| CALL SIGN                                                                                                                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                             | DSE | CALL SIGN                        | DSE |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                            |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |
| Total DSEs _____ <b>0.00</b>                                                                                                                                                                                                                               |     |           |     | Total DSEs _____ <b>0.00</b>                          |     |                                  |     |                                                                                                                                                                        |
| Gross Receipts Third Group      \$ _____ <b>0.00</b>                                                                                                                                                                                                       |     |           |     | Gross Receipts Fourth Group      \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                                        |
| Base Rate Fee Third Group      \$ _____ <b>0.00</b>                                                                                                                                                                                                        |     |           |     | Base Rate Fee Fourth Group      \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                                        |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) <div style="float: right; border: 1px solid black; padding: 5px; width: 150px;">\$</div> |     |           |     |                                                       |     |                                  |     |                                                                                                                                                                        |



**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|-----|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#</b><br><b>4035</b> |     | Name                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
| SIXTY-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SIXTY-SIXTH SUBSCRIBER GROUP                         |                                  |     |                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                        | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                                  |     |                                                                                      |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                                  |     |                                                                                      |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                                  |     |                                                                                      |  |
| SIXTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | SIXTY-EIGHTH SUBSCRIBER GROUP                        |                                  |     |                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                        | DSE |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                      |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                                  |     |                                                                                      |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                                  |     |                                                                                      |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                                  |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                                  |     | <div style="border: 1px solid black; height: 20px; width: 100%;"></div>              |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#</b><br><b>4035</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
| SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                        | SEVENTIETH SUBSCRIBER GROUP                          |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                                  |     |                                                                                                                                                       |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                                  |     |                                                                                                                                                       |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                                  |     |                                                                                                                                                       |  |
| SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                                        | SEVENTY-SECOND SUBSCRIBER GROUP                      |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                        | DSE |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                       |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                                  |     |                                                                                                                                                       |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                                  |     |                                                                                                                                                       |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                                  |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; height: 20px; width: 100%;"></div>                                                     |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |           |                                                      |                             |     |      |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------|------------------------------------------------------|-----------------------------|-----|------|--|---------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |           |                                                      | SYSTEM ID#<br><b>4035</b>   |     | Name |  |         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |           |                                                      |                             |     |      |  |         |  |
| SEVENTY-THIRD SUBSCRIBER GROUP                                                                                                                                    |     |           |     |           | SEVENTY-FOURTH SUBSCRIBER GROUP                      |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| SEVENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |           | SEVENTY-SIXTH SUBSCRIBER GROUP                       |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |                                                      |                             |     |      |  |         |  |
| \$                                                                                                                                                                |     |           |     |           |                                                      |                             |     |      |  |         |  |

8

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |           |                                                      |                             |     |      |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------|------------------------------------------------------|-----------------------------|-----|------|--|---------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |           |                                                      | SYSTEM ID#<br><b>4035</b>   |     | Name |  |         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |           |                                                      |                             |     |      |  |         |  |
| SEVENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                  |     |           |     |           | SEVENTY-EIGHTH SUBSCRIBER GROUP                      |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| SEVENTY-NINTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |           | EIGHTIETH SUBSCRIBER GROUP                           |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |                                                      |                             |     |      |  | \$      |  |

8

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |           |                                                      |                             |     |      |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------|------------------------------------------------------|-----------------------------|-----|------|--|---------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |           |                                                      | SYSTEM ID#<br><b>4035</b>   |     | Name |  |         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |           |                                                      |                             |     |      |  |         |  |
| EIGHTY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |           | EIGHTY-SECOND SUBSCRIBER GROUP                       |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| EIGHTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |           | EIGHTY-FOURTH SUBSCRIBER GROUP                       |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |                                                      |                             |     |      |  | \$      |  |

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|-----|----------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                  |     | <b>SYSTEM ID#</b><br><b>4035</b> |     | <b>Name</b>                                                                                                                                           |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |     |                                  |     | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |
| EIGHTY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     | EIGHTY-SIXTH SUBSCRIBER GROUP                    |     |                                  |     |                                                                                                                                                       |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                  |     |                                                                                                                                                       |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                        | DSE |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                  |     |                                                                                                                                                       |
| Gross Receipts First Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                       |
| Base Rate Fee First Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Second Group \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                       |
| EIGHTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     | EIGHTY-EIGHTH SUBSCRIBER GROUP                   |     |                                  |     |                                                                                                                                                       |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     | COMMUNITY/ AREA _____ <b>0</b>                   |     |                                  |     |                                                                                                                                                       |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE | CALL SIGN                        | DSE |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
|                                                                                                                                                                   |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |     |                                  |     |                                                                                                                                                       |
| Gross Receipts Third Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b> |     |                                  |     |                                                                                                                                                       |
| Base Rate Fee Third Group \$ _____ <b>0.00</b>                                                                                                                    |     |           |     | Base Rate Fee Fourth Group \$ _____ <b>0.00</b>  |     |                                  |     |                                                                                                                                                       |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |
| <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></div>                                         |     |           |     |                                                  |     |                                  |     |                                                                                                                                                       |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |           |                                                      |                             |     |      |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------|------------------------------------------------------|-----------------------------|-----|------|--|---------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |           |                                                      | SYSTEM ID#<br><b>4035</b>   |     | Name |  |         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |           |                                                      |                             |     |      |  |         |  |
| EIGHTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |           | NINTIETH SUBSCRIBER GROUP                            |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| NINETY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |           | NINETY-SECOND SUBSCRIBER GROUP                       |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |                                                      |                             |     |      |  | \$      |  |

8

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

### Nonpermitted 3.75 Stations

[illegible]

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | <b>SYSTEM ID#</b><br><b>4035</b> |     | Name                                                                                                                                                                                            |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| NINETY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     |                                                                        | NINETY-EIGHTH SUBSCRIBER GROUP                       |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                        | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                                                                                            |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| NINETY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                                        | ONE HUNDREDTH SUBSCRIBER GROUP                       |                                  |     |                                                                                                                                                                                                 |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                        | DSE |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                                  |     |                                                                                                                                                                                                 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------------------------|------------------------------------------------------|----------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                             |                                                      | <b>SYSTEM ID#</b><br><b>4035</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
| ONE HUNDRED FIRST SUBSCRIBER GROUP                                                                                                                                |     |           |     |                             | ONE HUNDRED SECOND SUBSCRIBER GROUP                  |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
| 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                          |     |                                                                                                                                                       |  |
| ONE HUNDRED THIRD SUBSCRIBER GROUP                                                                                                                                |     |           |     |                             | ONE HUNDRED FOURTH SUBSCRIBER GROUP                  |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                       |  |
| 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                          |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                                  |     | <div style="border: 1px solid black; height: 20px; width: 100%; background-color: yellow;"></div>                                                     |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------------------------|------------------------------------------------------|----------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                             |                                                      | <b>SYSTEM ID#</b><br><b>4035</b> |     | Name                                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
| ONE HUNDRED FIFTH SUBSCRIBER GROUP                                                                                                                                |     |           |     |                             | ONE HUNDRED SIXTH SUBSCRIBER GROUP                   |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">8</div> Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                       |  |
| 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                          |     |                                                                                                                                                       |  |
| ONE HUNDRED SEVENTH SUBSCRIBER GROUP                                                                                                                              |     |           |     |                             | ONE HUNDRED EIGHTH SUBSCRIBER GROUP                  |                                  |     |                                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                       |  |
| 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                          |     |                                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 100%; height: 20px;"></div>                                                     |  |

## Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |           |                                                      |                             |     |      |  |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------|------------------------------------------------------|-----------------------------|-----|------|--|---------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |           |                                                      | SYSTEM ID#<br><b>4035</b>   |     | Name |  |         |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |           |     |           |                                                      |                             |     |      |  |         |  |
| ONE HUNDRED NINTH SUBSCRIBER GROUP                                                                                                                                |     |           |     |           | ONE HUNDRED TENTH SUBSCRIBER GROUP                   |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| ONE HUNDRED ELEVENTH SUBSCRIBER GROUP                                                                                                                             |     |           |     |           | ONE HUNDRED TWELVTH SUBSCRIBER GROUP                 |                             |     |      |  |         |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |           | COMMUNITY/ AREA <span style="float: right;">0</span> |                             |     |      |  |         |  |
| 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 |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |           |                                                      |                             |     |      |  | \$      |  |

8

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP                                                                                                                           |     |           |     |                                                                        | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP              |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                               |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP                                                                                                                            |     |           |     |                                                                        | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP               |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-------------------------------------------------------------|-----|---------------------------|-----|----------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |                |     |                                                             |     | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
| ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP                                                                                                                          |     |                |     | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP                     |     |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |     |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                                   | DSE | CALL SIGN                 | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                                  |     | <b>0.00</b>               |     |                                                                                                    |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group                                 |     | \$ <b>0.00</b>            |     |                                                                                                    |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                                  |     | \$ <b>0.00</b>            |     |                                                                                                    |  |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                                           |     |                |     | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP                      |     |                           |     |                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |     |                           |     |                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                                   | DSE | CALL SIGN                 | DSE |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
|                                                                                                                                                                   |     |                |     |                                                             |     |                           |     |                                                                                                    |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                                  |     | <b>0.00</b>               |     |                                                                                                    |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group                                 |     | \$ <b>0.00</b>            |     |                                                                                                    |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                                  |     | \$ <b>0.00</b>            |     |                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                             |     |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow;"></div> |  |

**8**

Computation  
of  
3.75 Fee  
for  
Partially  
Distant  
Stations

|                                                                                                                                                                   |     |                                            |     |                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------|-----|--------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     | SYSTEM ID#<br><b>4035</b>                  |     | Name                                                                                                   |  |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |     |                                            |     | <div>8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
| ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                         |     | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP |     |                                                                                                        |  |
| COMMUNITY/ AREA 0                                                                                                                                                 |     | COMMUNITY/ AREA 0                          |     |                                                                                                        |  |
| 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         |     |                                                                                                        |  |
| ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                         |     | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP |     |                                                                                                        |  |
| COMMUNITY/ AREA 0                                                                                                                                                 |     | COMMUNITY/ AREA 0                          |     |                                                                                                        |  |
| 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         |     |                                                                                                        |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                                            |     |                                                                                                        |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                               |                                                             | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                                                |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
| ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                                               | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP                   |                           |     |                                                                                                                                     |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                                |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                     |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                     |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                     |  |
| ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |           |     |                                                                               | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP                  |                           |     |                                                                                                                                     |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                                     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                                     |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                                     |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                                     |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                                     |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                           |     | <b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> |  |

### Nonpermitted 3.75 Stations

|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----------|-------------------------------------------------------------------------|-----------|---------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |  |     |           |                                                                         |           | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                                                                      |
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                                                                                                  |  |     |           |                                                                         |           |                           |     | <div style="text-align: center; font-size: 2em;"><b>8</b></div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |
| ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                         |  |     |           | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP                                  |           |                           |     |                                                                                                                                                           |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                          |  |     |           | COMMUNITY/ AREA <b>0</b>                                                |           |                           |     |                                                                                                                                                           |
| CALL SIGN                                                                                                                                                         |  | DSE | CALL SIGN | DSE                                                                     | CALL SIGN |                           | DSE |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
| Total DSEs <u>        <b>0.00</b>        </u>                                                                                                                     |  |     |           | Total DSEs <u>        <b>0.00</b>        </u>                           |           |                           |     |                                                                                                                                                           |
| Gross Receipts First Group           \$ <u>        <b>0.00</b>        </u>                                                                                        |  |     |           | Gross Receipts Second Group       \$ <u>        <b>0.00</b>        </u> |           |                           |     |                                                                                                                                                           |
| Base Rate Fee First Group           \$ <u>        <b>0.00</b>        </u>                                                                                         |  |     |           | Base Rate Fee Second Group       \$ <u>        <b>0.00</b>        </u>  |           |                           |     |                                                                                                                                                           |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP                                                                                                                         |  |     |           | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP                              |           |                           |     |                                                                                                                                                           |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                          |  |     |           | COMMUNITY/ AREA <b>0</b>                                                |           |                           |     |                                                                                                                                                           |
| CALL SIGN                                                                                                                                                         |  | DSE | CALL SIGN | DSE                                                                     | CALL SIGN |                           | DSE |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
|                                                                                                                                                                   |  |     |           |                                                                         |           |                           |     |                                                                                                                                                           |
| Total DSEs <u>        <b>0.00</b>        </u>                                                                                                                     |  |     |           | Total DSEs <u>        <b>0.00</b>        </u>                           |           |                           |     |                                                                                                                                                           |
| Gross Receipts Third Group           \$ <u>        <b>0.00</b>        </u>                                                                                        |  |     |           | Gross Receipts Fourth Group       \$ <u>        <b>0.00</b>        </u> |           |                           |     |                                                                                                                                                           |
| Base Rate Fee Third Group           \$ <u>        <b>0.00</b>        </u>                                                                                         |  |     |           | Base Rate Fee Fourth Group       \$ <u>        <b>0.00</b>        </u>  |           |                           |     |                                                                                                                                                           |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |  |     |           |                                                                         |           | \$ _____                  |     |                                                                                                                                                           |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-----------------------------|-------------------------------------------------------------|----------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |                |     |                             |                                                             | <b>SYSTEM ID#</b><br><b>4035</b> |     | Name                                                                                                                                  |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
| ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                         |     |                |     |                             | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP                  |                                  |     |                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                  |     |                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                        | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                                                  |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                      |     |                                                                                                                                       |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Second Group |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                       |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Second Group  |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                       |  |
| ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                         |     |                |     |                             | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP                   |                                  |     |                                                                                                                                       |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |                |     |                             | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                                  |     |                                                                                                                                       |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                   | DSE                                                         | CALL SIGN                        | DSE |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
|                                                                                                                                                                   |     |                |     |                             |                                                             |                                  |     |                                                                                                                                       |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                  |                                                             | <b>0.00</b>                      |     |                                                                                                                                       |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b> |     | Gross Receipts Fourth Group |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                       |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b> |     | Base Rate Fee Fourth Group  |                                                             | <b>\$ 0.00</b>                   |     |                                                                                                                                       |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                             |                                                             |                                  |     | <b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; background-color: yellow;"></span> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|------------------------------------------------------|-----|---------------------------|-----|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |                |     |                                                      |     | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                |     |                                                      |     |                           |     |                                                                                      |  |
| ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |                |     | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP           |     |                           |     |                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                           |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>               |     |                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Second Group                          |     | \$ <b>0.00</b>            |     |                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Second Group                           |     | \$ <b>0.00</b>            |     |                                                                                      |  |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                         |     |                |     | ONE HUNDRED FORTIETH SUBSCRIBER GROUP                |     |                           |     |                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |                |     | COMMUNITY/ AREA <span style="float: right;">0</span> |     |                           |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN      | DSE | CALL SIGN                                            | DSE | CALL SIGN                 | DSE |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |                |     |                                                      |     |                           |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>    |     | Total DSEs                                           |     | <b>0.00</b>               |     |                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>0.00</b> |     | Gross Receipts Fourth Group                          |     | \$ <b>0.00</b>            |     |                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b> |     | Base Rate Fee Fourth Group                           |     | \$ <b>0.00</b>            |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                |     |                                                      |     |                           |     |                                                                                      |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |                |     |                                                      |     |                           |     |                                                                                      |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                               |                                                             | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
| ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                               | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP                   |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                               |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                    |  |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                               | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP                   |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------|-----|-------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                               |                                                             | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                        |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
| ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                               | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP                    |                           |     |                                                                                                             |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                             |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                        |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                             |  |
| Gross Receipts First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Second Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                             |  |
| Base Rate Fee First Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Second Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                             |  |
| ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |           |     |                                                                               | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP                   |                           |     |                                                                                                             |  |
| COMMUNITY/ AREA <span style="float: right;"><b>0</b></span>                                                                                                       |     |           |     |                                                                               | COMMUNITY/ AREA <span style="float: right;"><b>0</b></span> |                           |     |                                                                                                             |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                                                         | CALL SIGN                 | DSE |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
|                                                                                                                                                                   |     |           |     |                                                                               |                                                             |                           |     |                                                                                                             |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |     |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                                                             |                           |     |                                                                                                             |  |
| Gross Receipts Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                      |     |           |     | Gross Receipts Fourth Group <span style="float: right;"><b>\$ 0.00</b></span> |                                                             |                           |     |                                                                                                             |  |
| Base Rate Fee Third Group <span style="float: right;"><b>\$ 0.00</b></span>                                                                                       |     |           |     | Base Rate Fee Fourth Group <span style="float: right;"><b>\$ 0.00</b></span>  |                                                             |                           |     |                                                                                                             |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                               |                                                             |                           |     | <b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                                               |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                        | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP                |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations                               |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                        | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP            |                           |     |                                                                                                                    |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                                                    |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                                                    |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                                                    |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                                                    |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                                                    |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     | <div style="border: 1px solid black; width: 150px; height: 20px; background-color: yellow; margin: 0 auto;"></div> |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                                                                        |                                                      | SYSTEM ID#<br><b>4035</b> |     | Name                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                        | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP            |                           |     |                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                      |  |
| Gross Receipts First Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Second Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                      |  |
| Base Rate Fee First Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Second Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                      |  |
| ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                        | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP             |                           |     |                                                                                      |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                                                                        | COMMUNITY/ AREA <span style="float: right;">0</span> |                           |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                              | DSE                                                  | CALL SIGN                 | DSE |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
|                                                                                                                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
| Total DSEs <span style="float: right;">0.00</span>                                                                                                                |     |           |     | Total DSEs <span style="float: right;">0.00</span>                     |                                                      |                           |     |                                                                                      |  |
| Gross Receipts Third Group <span style="float: right;">\$ 0.00</span>                                                                                             |     |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ 0.00</span> |                                                      |                           |     |                                                                                      |  |
| Base Rate Fee Third Group <span style="float: right;">\$ 0.00</span>                                                                                              |     |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ 0.00</span>  |                                                      |                           |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |
| <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>                                                                   |     |           |     |                                                                        |                                                      |                           |     |                                                                                      |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------------------------|------------------------------------------------------|----------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Golden West Cablevision, Inc.</b>                                                                                      |     |           |     |                             |                                                      | <b>SYSTEM ID#</b><br><b>4035</b> |     | Name                                                                                                                                              |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |           |     |                             | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP            |                                  |     |                                                                                                                                                   |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                   |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                   | DSE                                                  | CALL SIGN                        | DSE | <div style="font-size: 2em; font-weight: bold;">8</div> <div>Computation<br/>of<br/>3.75 Fee<br/>for<br/>Partially<br/>Distant<br/>Stations</div> |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
|                                                                                                                                                                   |     |           |     |                             |                                                      |                                  |     |                                                                                                                                                   |  |
| 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                          |     |                                                                                                                                                   |  |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                             | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP                |                                  |     |                                                                                                                                                   |  |
| COMMUNITY/ AREA <span style="float: right;">0</span>                                                                                                              |     |           |     |                             | COMMUNITY/ AREA <span style="float: right;">0</span> |                                  |     |                                                                                                                                                   |  |
| 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                          |     |                                                                                                                                                   |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                             |                                                      |                                  |     | <div style="border: 1px solid black; background-color: yellow; width: 100px; height: 20px;"></div>                                                |  |