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

## SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
03/01/2018	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2017/2								
Period									
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the business of the cable system  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	CNMI Cablevision LLC								
	DOCOMO PACIFIC								
				375902017/2					
				37590 2017/2					
	890 S. Marine Corps Drive								
	Tamuning, Guam 96913								
	INSTRUCTIONS: In line 1, give any business or trade names used to it	dentify the husines	es and operation of the eyet	em unless these					
С	names already appear in space B. In line 2, give the mailing address of								
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	Susupe	MP							
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	A	1					
-	Alliance	MD	B	2					
	Gering	MD	В	3					

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

ORW SASE. PAGE 10.			OVOTEN ID#						
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
CNMI Cablevision LLC			37590						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst 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.									
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hor below the identified city or town.	•	•	ntheses						
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	l a subscriber gro								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
Susupe	MP	Α		First					
				Community					
				See instructions for					
				additional information					
				on alphabetization.					
				Add rows as necessary.					
	-								

		1
••••••••	 	
		1

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CNMI Cablevision LLC

SYSTEM ID#

37590

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE	
Residential:	000001110			5.1125111 51 5211112	
<ul> <li>Service to first set</li> </ul>	2,806	\$	89.00		
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel	666	\$	15.79		
Commercial					
Converter					
Residential					
Non-residential					
	1	1			

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$ 17.00				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$ 38.20	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$ 38.20		
Converter		Disconnect			
		Outlet relocation	\$ 38.20		
		Move to new address	\$ 38.20		

FORM SA3E. PAGE 3.					CVCTEMID	<b>u</b>			
CNMI Cablevis		YSTEM:			SYSTEM ID: 37590	Name			
		DN .			37330				
PRIMARY TRANSMITTI			-4: (:!:						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by	system during to ions in effect of 3.61(e)(2) and (sis, as explaine Stations: With CC rules, regular here in space only on a substant also in sparation concern station's call associated with A-2". Simulcast e channel number, see For example ystem carried the in each case of entering the legions.	he accounting I June 24, 19 4), or 76.63 (in the next respect to any ations, or auth G—but do listitute basis. ace I, if the stateming substitute basis is sign. Do not a station ac streams must ber the FCC hear, WRC is Chae station. Whether the statem I'm I was the statem I was	g period, except 81, permitting the referring to 76.6 paragraph. If distant stations continued in space I (the station was carried tute basis station report origination cording to its own to be reported in continued in the station is a network), "N-M" (	(1) stations carried exerting expectations (4))]; and (4))]; as carried by your one Special Statem d both on a substitute, see page (v) on program service er-the-air designation of the television statington, D.C. This ork station, an indefor network multice	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M"	G Primary Transmitters: Television			
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-upp.									
		CHANN	EL LINE-UP	AA					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
KGTF	12	Е	Yes	0	Agana, Guam				
KUAM	8	N	Yes	0	Agana, Guam	See instructions for			
KUAM-LP	20	N	Yes	0	Agana, Guam	additional information			
KEQI-LP	22	ı	Yes	0	Dededo, Guam	on alphabetization.			
KPPI-LP	7	N	No		Garapan, MP	•••			
NPPI-LP		IN	NO		Загаран, мг				
		<u> </u>							
		<u> </u>							
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ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 37590 **CNMI Cablevision LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). AM or FM CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION N/A

FORM SA3E. PAGE 5.								6 PERIOD: 2017/	
LEGAL NAME OF OWNER OF		īΕM:				;	SYSTEM ID#	Namo	
CNMI Cablevision LLC 37590									
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
explanation of the programm  1. SPECIAL STATEMENT  • During the accounting per broadcast by a distant state Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 gives the state of the case of Maxican or May 7 gives the second column for the case of Maxican or Can Column 5: Give the mor first. Example: for May 7 gives the second can be second column for the case of Maxican or Can Column 5: Give the mor first. Example: for May 7 gives the second can be second column for the case of Maxican or Can Column for May 7 gives the case of Maxican or Can Column for May 7 gives the case of Maxican or Can Column for Maxican for May 7 gives the case of Maxican or Can Column for Maxican for Maxica	r CONCER riod, did you tion? ", leave the  PROGRA titute progra ace, please a of every no distant stat regulations, o tion. Do no Lucy" or "NE m was broad sign of the s adcast static addian static ath and day we "5/7." es when the	est be included in INING SUBST in cable system rest of this page in INING SUBST in cable system rest of this page in INING SUBST in cable system as a separal attach additional network televition and that your authorization of use general of SA Basketball: docast live, enterestation broadcator's location (thous, if any, the when your systems).	In this log, see page (v) of the TITUTE CARRIAGE In carry, on a substitute basing blank. If your answer is ge blank. If your answer is get b	e general instructions, any nonner "Yes," you must wherever postrogram) that, do for the progeral instruction "basketball".  Ido." m. station is licentation is identrogram. Use cable system.	twork televust complet sible, if the during the ramming on slocated List specificated by the tiffied). In the time that the time	ision prograr  Yes the progra ir meaning is accounting f another sta in the paper fic program  FCC or, in with the mon	m X No m stion	Substitute Carriage: Special Statement and Program Log	
Column 7: Enter the lette to delete under FCC rules a gram was substituted for preffect on October 19, 1976.	and regulation of the second regularity of the	ons in effect du	em was permitted to delete	; enter the let under FCC r	ter "P" if the	e listed pro egulations in	7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION		

**ACCOUNTING PERIOD: 2017/2** FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 37590 CNMI Cablevision LLC **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO N/A

LEGA	IL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
CN	MI Cablevision LLC			37590	Name			
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)								
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount o	<b>1,498,582.00</b> of gross receipts)				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e ente	ered on li	ne 1 of				
If pa	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be clow.	entere	ed on line	2 in block				
	ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered	on line				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	1,498,582.00				
	Enter the result here. This is your minimum fee.	\$		15,944.91				
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and continued the property of the property	mn 4,	you mus	t check				
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	23,823.71				
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00				
	Line 3. Add lines 1 and 2 and enter here	\$		23,823.71				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	23,823.71	Cable systems			
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	r		0.00	submitting additional deposits under			
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)							
	Line 4. <b>FILING FEE</b>							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		24,548.71	appropriate form for submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See p	age (i) of	f the				

ACCOUNTING PERIOD: 2017/2

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name	CNMI Cablevision LLC	37590									
	CHANNELS										
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st	rations									
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Channels											
	Enter the total number of channels on which the cable     system carried television broadcast stations	5									
	System damed television produced stations										
	2. Enter the total number of activated channels										
	on which the cable system carried television broadcast stations	57									
	and nonbroadcast services										
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual										
	we can contact about this statement of account.)										
Individual to											
Be Contacted for Further	Name Sean Miles Telephone +1	1 671 688 2355									
Information	Name Seatt Willes										
	Address 890 S. Marine Corps Drive (Number, street, rural route, apartment, or suite number)										
	Tamuning, Guam 96913 (City, town, state, zip)										
	Email smiles@docomopacific.com Fax (optional)										
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regular	ations.									
O Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)										
Certification	1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)										
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B	; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified									
	In line 1 of space B and that the owner is not a corporation of partitership, of										
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	er of the cable system									
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	herein									
	[18 U.S.C., Section 1001(1986)]										
	X										
	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 "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus or										
		, proceedings									
	Typed or printed name:										
	Title:  (Title of official position held in corporation or partnership)										
	(Title of difficult position field in outpotation of partitionality)										
	Date:										

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

U.S. Copyright Office

**ACCOUNTING PERIOD: 2017/2** 

DSE SCHEDULE. PAG	E 11. (CONTINUED)											
4	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:			S	STEM ID#						
ı	<b>CNMI Cablevision LLC</b>					37590						
	SUM OF DSEs OF CATEGO											
	Add the DSEs of each static											
	Enter the sum here and in line	e 1 of part 5 of this	schedule.		1.75							
_	Instructions:											
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5											
	of space G (page 3).											
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE											
Category "O"												
Stations	CALL SIGN				CALL SIGN	DSE						
Stations	KGTF	0.250	CALL SIGN	DSL	CALL SIGN	DOL						
	KUAM	0.250										
		···										
	KUAM-LP	0.250										
	KEQI-LP	1.000										
Add rows as		<mark></mark>										
necessary.		<mark></mark>		ļ								
Remember to copy		<mark></mark>		<b> </b>								
all formula into new												
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		<mark></mark>										

Name	CNMI Cable	vision LLC						37590		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should Column 3 Column 4 be carried out Column 8 give the type- Column 6	CAPACITY st the call sign of all dista 2: For each station, give t correspond with the infor 3: For each station, give t 4: Divide the figure in colu t at least to the third decir 5: For each independent s value as ".25." 5: Multiply the figure in co point. This is the station's	he number of hours mation given in space he total number of humn 2 by the figure in mal point. This is the station, give the "typulumn 4 by the figure	your cable system to J. Calculate on cours that the station column 3, and g "basis of carriage e-value" as "1.0." in column 5, and	n carried the stati ly one DSE for each on broadcast over ive the result in control evalue" for the state For each network	on during the accounting ach station.  If the air during the accounting the air during the accounting the accounting the accounting the accounting the accounting the air during the accounting the accou	ounting period.  nis figure must  cational station,			
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs									
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	IR 3. NU JRS OI ED BY ST	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAGI VALUE	5. TYPE	6. DS	SE		
			÷	=		x	=			
						x x				
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of p		<b>3</b> ,		0.00				
Computation of DSEs for Substitute-Basis Stations	Instructions:  Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:  • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.  Column 3: Enter the number of days in the calendar year: 365, except in a leap year.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third 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).									
		SU	BSTITUTE-BAS	IS STATIONS	S: COMPUTA	TION 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		
		÷	•			÷		=		
		+				÷		=		
		÷		=		÷		=		
		÷		=		÷		=		
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p		<b>3</b> ,	<b>.</b>	0.00				
<b>5</b> Total Number of DSEs	number of DSE  1. Number of 2. Number of 2.	ER OF DSEs: Give the am s applicable to your system of DSEs from part 2 ● of DSEs from part 3 ● of DSEs from part 4 ●		in parts 2, 3, and	4 of this schedule	and add them to provide	1.75 0.00 0.00			
	TOTAL NUMBE	ER OF DSEs						1.75		

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/2

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID# 37590	Name
Instructions: Bloc		nleted							
In block A:  • If your answer if			oort 6 and nort	7 of the DSE cohe	adula blank ar	ad complete pe	ort 9 (page 16) of	tho	6
schedule.			•	7 OF THE DOE SCH	edule blatik al	id complete pa	art o, (page 10) or	uie	
If your answer if	"No," complete blo			ELEVISION M	ARKETS				Computation of
Is the cable systemeffect on June 24,						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
		schedule—[	OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)]	ules and reguled pursuant	lations cited be to the FCC ma	usis on which you o elow pertain to tho urket quota rules [7	ose in effect or 76.57, 76.59(b	n June 24, 198 ), 76.61(b)(c),	76.63(a) referring	ı tc	
	C Noncommeric	cal educational d station (76. or DSE sched	al station [76.5 65) (see parag lule).	76.59(d)(1), 76.61( 9(c), 76.61(d), 76. graph regarding su	63(a) referring	g to 76.61(d)			
	*F A station pre	viously carrie JHF station w	ed on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(	•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
_		В	LOCK C: CO	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	total number of								
Line 2: Enter the									
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)					75	Do any of the DSEs represent
Line 5: Multiply I	ine 4 by 0.0375	and enter si	um here				x 0.03	) i i	partially permited/ partially
, ,	·						х		nonpermitted carriage? If yes, see part
Line 6: Enter tota	ai number of DS	Es trom line	3				<u>.                                    </u>		9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

Name	CNMI Cablevis		E SYSTEM:						S	37590
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fit A—Part-time sp 76.59 B—Late-night pr 76.61( S—Substitute ca genera Column 5: Indicate Column 6: Companin block  IMPORTANT: The	ions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.  1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule  2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981  3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)  4: Indicate the basis of carriage on which the station was carried by listing one of the following letters  that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  art-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections  76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  attentified programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  ubstitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule  6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.								
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL SIGN	2. PRIO		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
1										
		ļ								
					••••					
7 Computation of the	,	"Yes," comple	ete blocks B and C	•	ра	art 8 of the DSE sched	ule.	,		
Syndicated			BLOCI	K A: MAJOR	TE	ELEVISION MARK	ET			
Exclusivity Surcharge	a la any partian of the	aabla avatam v	within a tan 100 mair	ar talaviaian mar	kot	t as defined by section 7	6 E of ECC	ruloo in offoot l	uno 24	10012
Surcharge	l <u>—</u> * · ·	•		or television mar	Kei	t as defined by section 7		rules in effect 3	une 24,	1901?
	Yes—Complete	DIOCKS B and	16.			X No—Proceed to	part 8			
	BLOCK B: C	arriage of VH	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	3
	Is any station listed in commercial VHF stati or in part, over the ca	ion that place:			Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159)					
	Yes—List each s  X No—Enter zero a		th its appropriate per part 8.	Yes—List each station below with its appropriate permitted DSE  No—Enter zero and proceed to part 8.						
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE
				ļ			ļ			
		 		<u> </u>						
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  CNMI Cablevision LLC	37590	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	,498,582.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Exclusivity Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	i.	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge.  \$\\$\\$\$		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?    X  Yes—Complete part 9 of this schedule.   No—Complete the applicable section below.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name	LEGAL NAM		EM ID#						
Namo	(	CNMI Cablevision LLC							
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here.  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	37590						
l		Syndicated Exclusivity Surcharge	<u></u> .						
8 Computation of Base Rate Fee	You mi 6 was 6 • In blo • If you • If you blank What i	ctions:  ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below it.  is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.							
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$							
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).							
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts  (the amount in section 1)							
		and in block 3, line 1, space L (page 7)  Base Rate Fee	0.00						
İ									

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/2

	AME OF OWNER OF CABLE SYSTEM:  Cablevision LLC	SYSTEM ID# 37590	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts  (the amount in section 1)  ▶\$		8
	B. Enter 0.00701 of gross receipts  (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts  (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here <b>\$</b>		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
instead	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.		۵
Space In Gen receipts		e, to exclude	Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
Step 1:	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	tion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were to the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu groups	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each Identified Give t	section:  iy the communities/areas represented by each subscriber group.  the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	I of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it if this schedule; or,	n parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in t 6 of this schedule.	olock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	nstructions	
page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not necesticulations on the form.	at is, the total	

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 37590 **CNMI Cablevision LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWN		E SYSTEM:				S	YSTEM ID#	Name
CNMI Cablevision	LLC						37590	1141110
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC				
FIRST SUBSCRIBER GROUP					SECONE	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA Susupe				COMMUNITY/ ARE	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
KGTF	0.25	O/ LEE GIGIT	DOL	O/ LE CIOIV	DOL	O/ LEE OIGIV	DOL	Base Rate Fe
KUAM	0.25		<b></b>	-		<del> </del>		and
KUAM-LP	0.25	-	<b>†</b>		•••••	-		Syndicated
KEQI-LP	1.00	-			•••••			Exclusivity
								Surcharge
			<b></b>		•••••			for
,			<u> </u>	-	•••••			Partially
								Distant
			<b>†</b>					Stations
			<u> </u>					
Total DSEs			1.75	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 1,498	,582.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G	iroup	\$ 23	,823.71	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	ΙΡ					
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		5.125						
		-	<u></u>			-		
			<u> </u>			-		
	<u></u>		<b></b>		·····			
	<u></u>		4					
	<del></del>		<b></b>		·····	-		
	<u>-</u>		<b>\</b>			-		
	<u></u>		<b>†</b>		•••••	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	ırth Group	\$	0.00		
	P	·			2.0 <b>4</b> p			
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add tl			riber group	as shown in the boxe	s above.			
Enter here and in bloc						\$	23,823.71	