

**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**

Return completed workbook by email to:

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

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

**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            |
| 2/28/2020                     | \$                |
|                               | ALLOCATION NUMBER |
|                               |                   |

|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |              |                                                                |  |   |                                                                                                                                                                                                                            |           |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--------------|----------------------------------------------------------------|--|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|-------------------------------------------------------------------------------------------------|--|--|--|-----------------------|-------|------------|----------|-------------|-----------|----------|----------|-----------------|-----------|----------|----------|---------------|-----------|----------|----------|
| <b>A</b><br>Accounting Period                                                                   | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:<br><b>2019/2</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> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <b>027491</b>                                                                              |            |          |              |                                                                |  |   |                                                                                                                                                                                                                            |           |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
|                                                                                                 | <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br/> <b>MEDIACOM ARIZONA LLC</b></p> <p style="text-align: right;"><b>02749120192</b><br/><b>027491 2019/2</b></p> <p><b>ONE MEDIACOM WAY</b><br/> <b>MEDIACOM PARK, NY 10918</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 border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="2">IDENTIFICATION OF CABLE SYSTEM:<br/><b>MEDIACOM ARIZONA LLC</b></td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="2">MAILING ADDRESS OF CABLE SYSTEM:<br/><b>1504 Second Street, S.E.</b><br/><small>(Number, street, rural route, apartment, or suite number)</small><br/><b>Waseca, MN 56093</b><br/><small>(City, town, state, zip code)</small></td> </tr> </table>                                                                                        |            |          | 1            | IDENTIFICATION OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b> |  | 2 | MAILING ADDRESS OF CABLE SYSTEM:<br><b>1504 Second Street, S.E.</b><br><small>(Number, street, rural route, apartment, or suite number)</small><br><b>Waseca, MN 56093</b><br><small>(City, town, state, zip code)</small> |           |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 1                                                                                               | IDENTIFICATION OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |          |              |                                                                |  |   |                                                                                                                                                                                                                            |           |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 2                                                                                               | MAILING ADDRESS OF CABLE SYSTEM:<br><b>1504 Second Street, S.E.</b><br><small>(Number, street, rural route, apartment, or suite number)</small><br><b>Waseca, MN 56093</b><br><small>(City, town, state, zip code)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |          |              |                                                                |  |   |                                                                                                                                                                                                                            |           |  |  |                                                                                                 |  |  |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>D</b><br>Area Served<br><br>First Community<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 border="1"> <tr> <td>CITY OR TOWN</td> <td colspan="3">STATE</td> </tr> <tr> <td><b>Apache Junction</b></td> <td colspan="3"><b>AZ</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>Apache Junction</b>                                                                                                                                                                                                     | <b>AZ</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>Apache Junction</b>                                                                          | <b>AZ</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.







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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>SYSTEM ID#</b><br><b>027491</b> | <b>Name</b>        |                                                                                                                                  |                                   |                        |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                    |                                                                                                                                  |                                   |                        |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                    |                    | <p style="font-size: 2em; font-weight: bold; margin: 0;">G</p> <p style="margin: 0;"><b>Primary Transmitters: Television</b></p> |                                   |                        |
| <b>CHANNEL LINE-UP AA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |                    |                                                                                                                                  |                                   |                        |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. B'CAST CHANNEL NUMBER           | 3. TYPE OF STATION | 4. DISTANT? (Yes or No)                                                                                                          | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| KAET/KAET(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8                                  | E                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KAET-DT2 PBS L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8.2                                | E                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KAET-DT3 PBS W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8.3                                | E                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KAET-DT4 PBS K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8.4                                | E                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KASW/KASW HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 61                                 | I                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KASW-DT2 Start                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 61.2                               | I                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KAZT AZ-TV IND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7                                  | I                  | No                                                                                                                               |                                   | Prescott, AZ           |
| KNXV/KNXV(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 15                                 | N                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KNXV-DT2 Anten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15.2                               | I                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KPAZ TBN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20                                 | I                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KPAZ-DT2 Hillsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20.2                               | I                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KPAZ-DT3 JUCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20.3                               | I                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KPAZ-DT4 Enlace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20.4                               | I                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KPAZ-DT5 TBN S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20.5                               | I                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KPHO/KPHO(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 17                                 | N                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KPHO-DT2 Cozi T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 17.2                               | I                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KPNX/KPNX(HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12                                 | N                  | No                                                                                                                               |                                   | Phoenix, AZ            |
| KPNX-DT2 12 Nev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12.2                               | I                  | No                                                                                                                               |                                   | Phoenix, AZ            |

See instructions for additional information on alphabetization.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |             |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>SYSTEM ID#</b><br><b>027491</b> | <b>Name</b> |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |             |
| <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                    |             |

G

Primary Transmitters: Television

**CHANNEL 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 |
|------------------|--------------------------|--------------------|-------------------------|-----------------------------------|------------------------|
| KPPX/KPPX(HD)    | 51                       | I                  | No                      |                                   | Phoenix, AZ            |
| KPPX-DT2 Qubo    | 51.2                     | I                  | No                      |                                   | Phoenix, AZ            |
| KPPX-DT3 Ion Lif | 51.3                     | I                  | No                      |                                   | Phoenix, AZ            |
| KSAZ/KSAZ(HD)    | 10                       | I                  | No                      |                                   | Phoenix, AZ            |
| KTAZ/KTAZ(HD)    | 39                       | I                  | No                      |                                   | PHOENIX, AZ            |
| KTAZ-DT2 TeleXi  | 39.2                     | I                  | No                      |                                   | PHOENIX, AZ            |
| KTVK/KTVK(HD)    | 24                       | I                  | No                      |                                   | Phoenix, AZ            |
| KTVK-DT2 THIS T  | 24.2                     | I                  | No                      |                                   | Phoenix, AZ            |
| KTVW/KTVW(HD)    | 27                       | I                  | No                      |                                   | Phoenix, AZ            |
| KTVW-DT2 UNIMA   | 27.2                     | I                  | No                      |                                   | Phoenix, AZ            |
| KUTP/KUTP HD M   | 26                       | I                  | No                      |                                   | Phoenix, AZ            |
| KUTP-DT2 Movies  | 26.2                     | I                  | No                      |                                   | Phoenix, AZ            |
| KUTP-DT3 BUZZF   | 26.3                     | I                  | No                      |                                   | Phoenix, AZ            |
| KASW-DT3 Grit    | 61.3                     | I                  | No                      |                                   | Phoenix, AZ            |
| KASW-DT4 Escap   | 61.4                     | I                  | No                      |                                   | Phoenix, AZ            |
| KPNX-DT3 Justic  | 12.3                     | I                  | No                      |                                   | Phoenix, AZ            |
| KPNX-DT4 Quest   | 12.4                     | I                  | No                      |                                   | Phoenix, AZ            |
| KUTP-DT4 Decad   | 26.4                     | I                  | No                      |                                   | Phoenix, AZ            |














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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>SYSTEM ID#</b><br><b>027491</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                   |                                                                                                                                                                                       |             |                                                                                                                                                                         |                 |    |               |                                                                                                                                                                                       |  |    |                 |
| <b>GROSS RECEIPTS</b><br><b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s) .....<br>during the accounting period. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>K</b><br><b>Gross Receipts</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                   |                                                                                                                                                                                       |             |                                                                                                                                                                         |                 |    |               |                                                                                                                                                                                       |  |    |                 |
| <b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;"><b>854,068.10</b></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">(Amount of gross receipts)</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$              | <b>854,068.10</b> | (Amount of gross receipts)                                                                                                                                                            |             |                                                                                                                                                                         |                 |    |               |                                                                                                                                                                                       |  |    |                 |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>854,068.10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                   |                                                                                                                                                                                       |             |                                                                                                                                                                         |                 |    |               |                                                                                                                                                                                       |  |    |                 |
| (Amount of gross receipts)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                   |                                                                                                                                                                                       |             |                                                                                                                                                                         |                 |    |               |                                                                                                                                                                                       |  |    |                 |
| <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 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.<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.<br>▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <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.                                                                                                                                                                                                                                                                                                                                                                                      | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;"><b>854,068.10</b></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"> <table border="1" style="margin: 0 auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;"><b>9,087.28</b></td> </tr> </table> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                         | \$              | <b>854,068.10</b> | <table border="1" style="margin: 0 auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;"><b>9,087.28</b></td> </tr> </table> |             | \$                                                                                                                                                                      | <b>9,087.28</b> |    |               |                                                                                                                                                                                       |  |    |                 |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>854,068.10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                   |                                                                                                                                                                                       |             |                                                                                                                                                                         |                 |    |               |                                                                                                                                                                                       |  |    |                 |
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| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>9,087.28</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                   |                                                                                                                                                                                       |             |                                                                                                                                                                         |                 |    |               |                                                                                                                                                                                       |  |    |                 |
| 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 8, section 3 or 4, or part 9, 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">-</td> </tr> <tr> <td style="text-align: right; padding: 2px;">-</td> <td style="text-align: right; padding: 2px;"><b>0.00</b></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"> <table border="1" style="margin: 0 auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">-</td> </tr> </table> </td> </tr> </table>                                                                                                                                                                                                                                                                                          | \$              | -                 | -                                                                                                                                                                                     | <b>0.00</b> | <table border="1" style="margin: 0 auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">-</td> </tr> </table> |                 | \$ | -             |                                                                                                                                                                                       |  |    |                 |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                   |                                                                                                                                                                                       |             |                                                                                                                                                                         |                 |    |               |                                                                                                                                                                                       |  |    |                 |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                   |                                                                                                                                                                                       |             |                                                                                                                                                                         |                 |    |               |                                                                                                                                                                                       |  |    |                 |
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| 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>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. ....<br>Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) .....<br>Line 4. <b>FILING FEE</b> .....<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>Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.) | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;"><b>9,087.28</b></td> </tr> <tr> <td style="text-align: right; padding: 2px;">-</td> <td style="text-align: right; padding: 2px;"><b>0.00</b></td> </tr> <tr> <td style="text-align: right; padding: 2px;">-</td> <td style="text-align: right; padding: 2px;"><b>0.00</b></td> </tr> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;"><b>725.00</b></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"> <table border="1" style="margin: 0 auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;"><b>9,812.28</b></td> </tr> </table> </td> </tr> </table> | \$              | <b>9,087.28</b>   | -                                                                                                                                                                                     | <b>0.00</b> | -                                                                                                                                                                       | <b>0.00</b>     | \$ | <b>725.00</b> | <table border="1" style="margin: 0 auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;"><b>9,812.28</b></td> </tr> </table> |  | \$ | <b>9,812.28</b> |
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Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>M</b><br><b>Channels</b>                                           | <p><b>CHANNELS</b></p> <p><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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . . <span style="border: 1px solid black; padding: 2px 10px;">47</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 2px 10px;">69</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |
| <b>N</b><br><b>Individual to Be Contacted for Further Information</b> | <p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <b>Kenneth J. Kohrs</b> Telephone <b>845-443-2762</b></p> <p>Address <b>One Mediacom Way</b><br/>(Number, street, rural route, apartment, or suite number)</p> <p><b>Mediacom Park, NY 10918</b><br/>(City, town, state, zip)</p> <p>Email <b>Copyrights@mediacomcc.com</b> Fax (optional) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |
| <b>O</b><br><b>Certification</b>                                      | <p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input checked="" type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <ul style="list-style-type: none"> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> <p> <span style="border: 1px solid black; padding: 2px 10px;">X /s/ Kenneth J. Kohrs</span></p> <p>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 "F" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: <b>Kenneth J. Kohrs</b></p> <p>Title: <b>Vice President, Financial Reporting</b><br/>(Title of official position held in corporation or partnership)</p> <p>Date: <b>February 18, 2020</b></p> |                                    |

**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 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 a 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>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SYSTEM ID#</b><br><b>027491</b>                    | <b>Name</b>                                                                  |
| <b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."<br><br>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions 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 _____<br>Mailing Address _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name _____<br>Mailing Address _____<br>_____<br>_____ |                                                                              |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <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><div style="text-align: right; margin-left: 400px;">x _____</div> Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . _____ -<br><div style="text-align: right; margin-left: 400px;">x _____ days</div> Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . _____ -<br><div style="text-align: right; margin-left: 400px;">x 0.00274</div> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) . . . . . _____ \$ _____ -<br><div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@loc.gov">licensing@loc.gov</a>.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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.</p> Owner _____<br>Address _____<br>_____<br>First community served _____<br>Accounting period _____<br>ID number _____ | <b>Q</b><br><br><b>Interest Assessment</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|

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**INSTRUCTIONS FOR DSE SCHEDULE**

**WHAT IS A "DSE"**

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

**FORMULAS FOR COMPUTING A STATION'S DSE**

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

**BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)**

**Step 1:** Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

- **Independent:** its type-value is ..... 1.00
- **Network:** its type-value is ..... 0.25
- **Noncommercial educational:** its type-value is ..... 0.25

Note that local stations are not counted at all in computing DSEs.

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

**SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)**

**Step 1:** For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

**Step 2:** Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

**TOTAL OF DSEs**

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

**THE ROYALTY FEE**

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

**The 3.75 Fee.** If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

**The Syndicated Exclusivity Surcharge.** Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

**The Minimum Fee/Base Rate Fee/3.75 Percent Fee.** All cable systems filing SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 76.73 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

**Substitution of Grandfathered Stations.** Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

**COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE**

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 1981, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

**COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE**

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31, 1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

**COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE**

**SCHEDULE**

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

- If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.

|                                            |                          |
|--------------------------------------------|--------------------------|
| First DSE                                  | 1.064% of gross receipts |
| Each of the second, third, and fourth DSEs | 0.701% of gross receipts |
| The fifth and each additional DSE          | 0.330% of gross receipts |

**PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE**

- If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

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

3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

**EXAMPLE:**

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

| <p>In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.</p> | <p><b>Distant Stations Carried</b></p> <table border="1"> <tr> <th>STATION</th> <th>DSE</th> </tr> <tr> <td>A (independent)</td> <td>1.0</td> </tr> <tr> <td>B (independent)</td> <td>1.0</td> </tr> <tr> <td>C (part-time)</td> <td>0.083</td> </tr> <tr> <td>D (part-time)</td> <td>0.139</td> </tr> <tr> <td>E (network)</td> <td><u>0.25</u></td> </tr> <tr> <td><b>TOTAL DSEs</b></td> <td><b>2.472</b></td> </tr> </table> | STATION                             | DSE               | A (independent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.0                                 | B (independent)                                     | 1.0                               | C (part-time)               | 0.083                       | D (part-time)               | 0.139      | E (network) | <u>0.25</u> | <b>TOTAL DSEs</b>        | <b>2.472</b>             | <p><b>Identification of Subscriber Groups</b></p> <table border="1"> <tr> <th>CITY</th> <th>OUTSIDE LOCAL SERVICE AREA OF</th> <th>GROSS RECEIPTS FROM SUBSCRIBERS</th> </tr> <tr> <td>Santa Rosa</td> <td>Stations A, B, C, D, E</td> <td>\$310,000.00</td> </tr> <tr> <td>Rapid City</td> <td>Stations A and C</td> <td>100,000.00</td> </tr> <tr> <td>Bodega Bay</td> <td>Stations A and C</td> <td>70,000.00</td> </tr> <tr> <td>Fairvale</td> <td>Stations B, D, and E</td> <td>120,000.00</td> </tr> <tr> <td><b>TOTAL DSEs</b></td> <td><b>TOTAL GROSS RECEIPTS</b></td> <td><b>\$600,000.00</b></td> </tr> </table> | CITY                                | OUTSIDE LOCAL SERVICE AREA OF       | GROSS RECEIPTS FROM SUBSCRIBERS     | Santa Rosa                            | Stations A, B, C, D, E            | \$310,000.00                       | Rapid City                      | Stations A and C                | 100,000.00                      | Bodega Bay | Stations A and C | 70,000.00 | Fairvale | Stations B, D, and E | 120,000.00 | <b>TOTAL DSEs</b> | <b>TOTAL GROSS RECEIPTS</b> | <b>\$600,000.00</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|------------|-------------|-------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|------------------------------------|---------------------------------|---------------------------------|---------------------------------|------------|------------------|-----------|----------|----------------------|------------|-------------------|-----------------------------|---------------------|
|                                                                                                                                                                                                                                     | STATION                                                                                                                                                                                                                                                                                                                                                                                                                          | DSE                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| A (independent)                                                                                                                                                                                                                     | 1.0                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| B (independent)                                                                                                                                                                                                                     | 1.0                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| C (part-time)                                                                                                                                                                                                                       | 0.083                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| D (part-time)                                                                                                                                                                                                                       | 0.139                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| E (network)                                                                                                                                                                                                                         | <u>0.25</u>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| <b>TOTAL DSEs</b>                                                                                                                                                                                                                   | <b>2.472</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| CITY                                                                                                                                                                                                                                | OUTSIDE LOCAL SERVICE AREA OF                                                                                                                                                                                                                                                                                                                                                                                                    | GROSS RECEIPTS FROM SUBSCRIBERS     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| Santa Rosa                                                                                                                                                                                                                          | Stations A, B, C, D, E                                                                                                                                                                                                                                                                                                                                                                                                           | \$310,000.00                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| Rapid City                                                                                                                                                                                                                          | Stations A and C                                                                                                                                                                                                                                                                                                                                                                                                                 | 100,000.00                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| Bodega Bay                                                                                                                                                                                                                          | Stations A and C                                                                                                                                                                                                                                                                                                                                                                                                                 | 70,000.00                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| Fairvale                                                                                                                                                                                                                            | Stations B, D, and E                                                                                                                                                                                                                                                                                                                                                                                                             | 120,000.00                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| <b>TOTAL DSEs</b>                                                                                                                                                                                                                   | <b>TOTAL GROSS RECEIPTS</b>                                                                                                                                                                                                                                                                                                                                                                                                      | <b>\$600,000.00</b>                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| <p><b>Minimum Fee Total Gross Receipts</b></p> <table border="1"> <tr> <td>\$600,000.00</td> <td>x .01064</td> <td><u>\$6,384.00</u></td> </tr> </table>                                                                            | \$600,000.00                                                                                                                                                                                                                                                                                                                                                                                                                     | x .01064                            | <u>\$6,384.00</u> | <table border="1"> <tr> <th>First Subscriber Group (Santa Rosa)</th> <th>Second Subscriber Group (Rapid City and Bodega Bay)</th> <th>Third Subscriber Group (Fairvale)</th> </tr> <tr> <td>Gross receipts \$310,000.00</td> <td>Gross receipts \$170,000.00</td> <td>Gross receipts \$120,000.00</td> </tr> <tr> <td>DSEs 2.472</td> <td>DSEs 1.083</td> <td>DSEs 1.389</td> </tr> <tr> <td>Base rate fee \$6,497.20</td> <td>Base rate fee \$1,907.71</td> <td>Base rate fee \$1,604.03</td> </tr> <tr> <td>\$310,000 x .01064 x 1.0 = 3,298.40</td> <td>\$170,000 x .01064 x 1.0 = 1,808.80</td> <td>\$120,000 x .01064 x 1.0 = 1,276.80</td> </tr> <tr> <td>\$310,000 x .00701 x 1.472 = 3,198.80</td> <td>\$170,000 x .00701 x .083 = 98.91</td> <td>\$120,000 x .00701 x .389 = 327.23</td> </tr> <tr> <td>Base rate fee <u>\$6,497.20</u></td> <td>Base rate fee <u>\$1,907.71</u></td> <td>Base rate fee <u>\$1,604.03</u></td> </tr> </table> | First Subscriber Group (Santa Rosa) | Second Subscriber Group (Rapid City and Bodega Bay) | Third Subscriber Group (Fairvale) | Gross receipts \$310,000.00 | Gross receipts \$170,000.00 | Gross receipts \$120,000.00 | DSEs 2.472 | DSEs 1.083  | DSEs 1.389  | Base rate fee \$6,497.20 | Base rate fee \$1,907.71 | Base rate fee \$1,604.03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$310,000 x .01064 x 1.0 = 3,298.40 | \$170,000 x .01064 x 1.0 = 1,808.80 | \$120,000 x .01064 x 1.0 = 1,276.80 | \$310,000 x .00701 x 1.472 = 3,198.80 | \$170,000 x .00701 x .083 = 98.91 | \$120,000 x .00701 x .389 = 327.23 | Base rate fee <u>\$6,497.20</u> | Base rate fee <u>\$1,907.71</u> | Base rate fee <u>\$1,604.03</u> |            |                  |           |          |                      |            |                   |                             |                     |
| \$600,000.00                                                                                                                                                                                                                        | x .01064                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>\$6,384.00</u>                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| First Subscriber Group (Santa Rosa)                                                                                                                                                                                                 | Second Subscriber Group (Rapid City and Bodega Bay)                                                                                                                                                                                                                                                                                                                                                                              | Third Subscriber Group (Fairvale)   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| Gross receipts \$310,000.00                                                                                                                                                                                                         | Gross receipts \$170,000.00                                                                                                                                                                                                                                                                                                                                                                                                      | Gross receipts \$120,000.00         |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| DSEs 2.472                                                                                                                                                                                                                          | DSEs 1.083                                                                                                                                                                                                                                                                                                                                                                                                                       | DSEs 1.389                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| Base rate fee \$6,497.20                                                                                                                                                                                                            | Base rate fee \$1,907.71                                                                                                                                                                                                                                                                                                                                                                                                         | Base rate fee \$1,604.03            |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| \$310,000 x .01064 x 1.0 = 3,298.40                                                                                                                                                                                                 | \$170,000 x .01064 x 1.0 = 1,808.80                                                                                                                                                                                                                                                                                                                                                                                              | \$120,000 x .01064 x 1.0 = 1,276.80 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| \$310,000 x .00701 x 1.472 = 3,198.80                                                                                                                                                                                               | \$170,000 x .00701 x .083 = 98.91                                                                                                                                                                                                                                                                                                                                                                                                | \$120,000 x .00701 x .389 = 327.23  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| Base rate fee <u>\$6,497.20</u>                                                                                                                                                                                                     | Base rate fee <u>\$1,907.71</u>                                                                                                                                                                                                                                                                                                                                                                                                  | Base rate fee <u>\$1,604.03</u>     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |
| <p><b>Total Base Rate Fee:</b> \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94</p> <p>In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)</p>                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                     |                                   |                             |                             |                             |            |             |             |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                       |                                   |                                    |                                 |                                 |                                 |            |                  |           |          |                      |            |                   |                             |                     |





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|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|----------------------------|---------------|------------------------------------|---------------------------|--------|
| <b>Name</b>                                                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                   |                            |               | <b>SYSTEM ID#</b><br><b>027491</b> |                           |        |
| <b>3</b><br><br>Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity                                            | <b>Instructions: CAPACITY</b><br><b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).<br><b>Column 2:</b> For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.<br><b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.<br><b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."<br><b>Column 6:</b> Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form. |                                      |                                   |                            |               |                                    |                           |        |
|                                                                                                                                                         | <b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                   |                            |               |                                    |                           |        |
|                                                                                                                                                         | 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             | =                                  |                           |        |
| <b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 2 of part 5 of this schedule, .....     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   |                            | 0.00          |                                    |                           |        |
| <b>4</b><br><br>Computation of DSEs for Substitute-Basis Stations                                                                                       | <b>Instructions:</b><br><b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: <ul style="list-style-type: none"> <li>• 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</li> <li>• Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).</li> </ul> <b>Column 2:</b> For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.<br><b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).                                                                       |                                      |                                   |                            |               |                                    |                           |        |
|                                                                                                                                                         | <b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                   |                            |               |                                    |                           |        |
|                                                                                                                                                         | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. NUMBER OF PROGRAMS                | 3. NUMBER OF DAYS IN YEAR         | 4. DSE                     | 1. CALL SIGN  | 2. NUMBER OF PROGRAMS              | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                                  | =                         |        |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                                  | =                         |        |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                                  | =                         |        |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                                  | =                         |        |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                                  | =                         |        |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                                  | =                         |        |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                                  | =                         |        |
| <b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 3 of part 5 of this schedule, ..... |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   |                            |               | 0.00                               |                           |        |
| <b>5</b><br><br>Total Number of DSEs                                                                                                                    | <b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                   |                            |               |                                    |                           |        |
|                                                                                                                                                         | 1. Number of DSEs from part 2 ● _____ ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                   | <b>0.00</b>                |               |                                    |                           |        |
|                                                                                                                                                         | 2. Number of DSEs from part 3 ● _____ ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                   | <b>0.00</b>                |               |                                    |                           |        |
|                                                                                                                                                         | 3. Number of DSEs from part 4 ● _____ ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                   | <b>0.00</b>                |               |                                    |                           |        |
| TOTAL NUMBER OF DSEs _____ ▶                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   |                            |               | <b>0.00</b>                        |                           |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |        |              |                    |        |                                    |                    |             |                                |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|--------------|--------------------|--------|------------------------------------|--------------------|-------------|--------------------------------|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |        |              |                    |        | <b>SYSTEM ID#</b><br><b>027491</b> |                    |             | <b>Name</b>                    |  |  |
| <p><b>Instructions:</b> Block A must be completed.</p> <p>In block A:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• If your answer if "No," complete blocks B and C below.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |        |              |                    |        |                                    |                    |             | 6                              |  |  |
| <b>BLOCK A: TELEVISION MARKETS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |              |                    |        |                                    |                    |             | <b>Computation of 3.75 Fee</b> |  |  |
| <p>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?</p> <p><input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.</p> <p><input checked="" type="checkbox"/> No—Complete blocks B and C below.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |        |              |                    |        |                                    |                    |             |                                |  |  |
| <b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |        |              |                    |        |                                    |                    |             |                                |  |  |
| <p>Column 1: 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.)</p> <p>Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</p> <p>PERMITTED CARRIAGE</p> <p>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)]</p> <p>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)</p> <p>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]</p> <p>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</p> <p>E Carried pursuant to individual waiver of FCC rules (76.7)</p> <p>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981</p> <p>G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]</p> <p>M Retransmission of a distant multicast stream.</p> <p>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.)</p> |                    |        |              |                    |        |                                    |                    |             |                                |  |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN                       | 2. PERMITTED BASIS | 3. DSE      |                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |        |              |                    |        |                                    |                    |             |                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |        |              |                    |        |                                    |                    |             |                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |        |              |                    |        |                                    |                    |             |                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |        |              |                    |        |                                    |                    |             |                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |        |              |                    |        |                                    |                    | <b>0.00</b> |                                |  |  |
| <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |              |                    |        |                                    |                    |             | x 0.0375                       |  |  |
| Line 5: Multiply line 4 by 0.0375 and enter sum here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |        |              |                    |        |                                    |                    |             | x                              |  |  |
| Line 6: Enter total number of DSEs from line 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |        |              |                    |        |                                    |                    |             | -                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |        |              |                    |        |                                    |                    | <b>0.00</b> |                                |  |  |
| Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |        |              |                    |        |                                    |                    |             | <b>0.00</b>                    |  |  |

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





|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SYSTEM ID#<br><b>027491</b>                                                                                                      | Name                                                                |
| <b>BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                     |
| Section 1                                                                                                                                                                                                                | Enter the amount of gross receipts from space K (page 7) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ▶ \$ <b>854,068.10</b>                                                                                                           | <b>7</b><br><br>Computation of the Syndicated Exclusivity Surcharge |
| Section 2                                                                                                                                                                                                                | A. Enter the total DSEs from block B of part 7 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ▶ <b>0.00</b>                                                                                                                    |                                                                     |
|                                                                                                                                                                                                                          | B. Enter the total number of exempt DSEs from block C of part 7 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ <b>0.00</b>                                                                                                                    |                                                                     |
|                                                                                                                                                                                                                          | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. <b>If zero, proceed to part 8.</b> . . . . .                                                                                                                                                                                                                                                                                                                                                 | ▶ \$ <b>0.00</b>                                                                                                                 |                                                                     |
| • Is any portion of the cable system within a top 50 television market as defined by the FCC?<br><input type="checkbox"/> Yes—Complete section 3 below. <input checked="" type="checkbox"/> No—Complete section 4 below. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                     |
| <b>SECTION 3: TOP 50 TELEVISION MARKET</b>                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                     |
| Section 3a                                                                                                                                                                                                               | • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br><input type="checkbox"/> Yes—Complete part 9 of this schedule. <input checked="" type="checkbox"/> No—Complete the applicable section below.<br><br>If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. |                                                                                                                                  |                                                                     |
|                                                                                                                                                                                                                          | A. Enter 0.00599 of gross receipts (the amount in section1) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                              | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |                                                                     |
|                                                                                                                                                                                                                          | B. Enter 0.00377 of gross receipts (the amount in section.1) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                             | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |                                                                     |
|                                                                                                                                                                                                                          | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . .                                                                                                                                                                                                                                                                                                                                                                                                           | ▶ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>    |                                                                     |
|                                                                                                                                                                                                                          | D. Multiply line B by line C and enter here . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ▶ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>    |                                                                     |
|                                                                                                                                                                                                                          | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br><b>Syndicated Exclusivity Surcharge</b> . . . . .                                                                                                                                                                                                                                                                                                                                                      | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 25px;"></span> |                                                                     |
| 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) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                             | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |                                                                     |
|                                                                                                                                                                                                                          | B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                             | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |                                                                     |
|                                                                                                                                                                                                                          | C. Multiply line B by 3.000 and enter here . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |                                                                     |
|                                                                                                                                                                                                                          | D. Enter 0.00178 of gross receipts (the amount in section 1) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                             | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |                                                                     |
|                                                                                                                                                                                                                          | E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                     | ▶ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>    |                                                                     |
|                                                                                                                                                                                                                          | F. Multiply line D by line E and enter here . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |                                                                     |
|                                                                                                                                                                                                                          | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br><b>Syndicated Exclusivity Surcharge</b> . . . . .                                                                                                                                                                                                                                                                                                                                                  | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 25px;"></span> |                                                                     |
| <b>SECTION 4: SECOND 50 TELEVISION MARKET</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                     |
| Section 4a                                                                                                                                                                                                               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br><input type="checkbox"/> Yes—Complete part 9 of this schedule. <input checked="" type="checkbox"/> No—Complete the applicable section below.<br><br>If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.    |                                                                                                                                  |                                                                     |
|                                                                                                                                                                                                                          | A. Enter 0.00300 of gross receipts (the amount in section 1) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                             | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |                                                                     |
|                                                                                                                                                                                                                          | B. Enter 0.00189 of gross receipts (the amount in section 1) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                             | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |                                                                     |
|                                                                                                                                                                                                                          | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . .                                                                                                                                                                                                                                                                                                                                                                                                           | ▶ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>    |                                                                     |
|                                                                                                                                                                                                                          | D. Multiply line B by line C and enter here . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |                                                                     |
|                                                                                                                                                                                                                          | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br><b>Syndicated Exclusivity Surcharge</b> . . . . .                                                                                                                                                                                                                                                                                                                                                      | ▶ \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 25px;"></span> |                                                                     |

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                         | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>7</b><br><br><b>Computation of the Syndicated Exclusivity Surcharge</b>                                                                                                                                                                                                                          | Section 4b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1). . . . . ▶ \$ _____</p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1). . . . . ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here. . . . . ▶ \$ _____</p> <p>D. Enter 0.00089 of gross receipts (the amount in section 1). . . . . ▶ \$ _____</p> <p>E. Subtract 4.000 from the total DSEs (the figure on line C 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 surcharge.<br/>Enter here and on line 2, block 4, space L (page 7)</p> <p><b>Syndicated Exclusivity Surcharge.</b> . . . . . ▶ \$ _____</p> |                                    |
| <b>8</b><br><br><b>Computation of Base Rate Fee</b>                                                                                                                                                                                                                                                 | <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 9 blank.</li> <li>• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.</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>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |
| <p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p><input type="checkbox"/> Yes—Complete part 9 of this schedule.                      <input checked="" type="checkbox"/> No—Complete the following sections.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |
| <b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |
| Section 1                                                                                                                                                                                                                                                                                           | Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ <b>854,068.10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |
| Section 2                                                                                                                                                                                                                                                                                           | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). . . . . ▶ <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |
| Section 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). . . . . ▶ \$ <b>5,987.02</b></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><b>Base Rate Fee.</b> . . . . . ▶ \$ _____</p>                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |



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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>SYSTEM ID#</b><br><b>027491</b>                          | <b>Name</b> |
| Section<br><b>4</b><br><br>If the figure in section 2 is <b>more than 4,000</b> , compute your base rate fee here and leave section 3 blank.<br><br>A. Enter 0.01064 of gross receipts<br>(the amount in section 1) ..... ▶ \$ _____<br><br>B. Enter 0.00701 of gross receipts<br>(the amount in section 1) ..... ▶ \$ _____<br><br>C. Multiply line B by 3.000 and enter here ..... ▶ \$ _____<br><br>D. Enter 0.00330 of gross receipts<br>(the amount in section 1) ..... ▶ \$ _____<br><br>E. Subtract 4.000 from total DSEs<br>(the figure in section 2) and enter here ..... ▶ _____<br><br>F. Multiply line D by line E and enter here ..... ▶ \$ _____<br><br>G. Add lines A, C, and F. This is your base rate fee<br>Enter here and in block 3, line 1, space L (page 7).<br><b>Base Rate Fee</b> ..... ▶ \$ _____ <b>0.00</b> | <b>8</b><br><br><b>Computation<br/>of<br/>Base Rate Fee</b> |             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |  |
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| <p><b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p><b>In General:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p><b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p><b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p><b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p><b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p><b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> <li>• Identify the communities/areas represented by each subscriber group.</li> <li>• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.</li> <li>• If:                         <ol style="list-style-type: none"> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,</li> <li>2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.</li> <li>• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.</li> </ul> | <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations,<br/>and<br/>for Partially<br/>Permitted<br/>Stations</b> |  |
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| <p><b>Name</b></p> | <p>LEGAL NAME OF OWNER OF CABLE SYSTEM:</p> <p><b>MEDIACOM ARIZONA LLC</b></p> <p style="text-align: right;"><b>SYSTEM ID#</b><br/><b>027491</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                    | <p><b>Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals</b></p> <p><b>Step 1:</b> 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.</p> <p><b>Step 2:</b> 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.</p> <p><b>Step 3:</b> 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.</p> <p><b>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams</b></p> <p><b>Step 1:</b> 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.</p> |



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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                                                                                                         |                                | SYSTEM ID#<br><b>027491</b> |           | Name                                                                                                                         |                                                                                                                                         |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                                                                                         |                                |                             |           |                                                                                                                              |                                                                                                                                         |
| FIFTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     |                                                                                                                                         | 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                                                                                                                          |                                                                                                                                         |
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| Total DSEs                                                                                                                                                        |     |           |     | <u>0.00</u>                                                                                                                             | Total DSEs                     |                             |           |                                                                                                                              | <u>0.00</u>                                                                                                                             |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ <u>0.00</u>                                                                                                                          | Gross Receipts Second Group    |                             |           |                                                                                                                              | \$ <u>0.00</u>                                                                                                                          |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> | Base Rate Fee Second Group     |                             |           |                                                                                                                              | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                          |     |           |     |                                                                                                                                         | 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                                                                                                                          |                                                                                                                                         |
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| Total DSEs                                                                                                                                                        |     |           |     | <u>0.00</u>                                                                                                                             | Total DSEs                     |                             |           |                                                                                                                              | <u>0.00</u>                                                                                                                             |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ <u>0.00</u>                                                                                                                          | Gross Receipts Fourth Group    |                             |           |                                                                                                                              | \$ <u>0.00</u>                                                                                                                          |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> | Base Rate Fee Fourth Group     |                             |           |                                                                                                                              | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</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) |     |           |     |                                                                                                                                         |                                |                             |           | \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> |                                                                                                                                         |

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

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| NINTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     |                                                  | TENTH SUBSCRIBER GROUP         |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                         |     |           |     |                                                  | TWELVTH SUBSCRIBER GROUP       |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                |                             |     | \$ _____                                                                                                                                   |     |



**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| FIFTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     |                                                  | 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                          |     |           |     |                                                  | 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                |                             |     | \$ _____                                                                                                                                   |     |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| NINTH SUBSCRIBER GROUP                                                                                                                                            |     |           |     |                                                  | TENTH SUBSCRIBER GROUP         |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                         |     |           |     |                                                  | TWELVTH SUBSCRIBER GROUP       |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>Name</b>                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>SYSTEM ID#</b><br><b>027491</b>                                                                                                                                                                                                                                                                                                                                               |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b> | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                         | <p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align:center;"> <input type="checkbox"/> First 50 major television market                      <input type="checkbox"/> Second 50 major television market         </p> <p><b>INSTRUCTIONS:</b></p> <p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                         | <b>FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> - |
|                                                                                                                         | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                   |
|                                                                                                                         | <b>THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> - |
|                                                                                                                         | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                   |
|                                                                                                                         | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SYSTEM ID#</b><br><b>027491</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>9</b></p> <p><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b></p>                                                                                                                                                                                                                                                                                                                                                                                             | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market             <span style="margin-left: 150px;"><input type="checkbox"/> Second 50 major television market</span> </p>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p> |
| <b>SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <input style="width: 100px;" type="text"/></p> | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| THIRTEENTH SUBSCRIBER GROUP                                                                                                                                       |     |           |     |                                                  | FOURTEENTH SUBSCRIBER GROUP    |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |

|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                        |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                    |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                               |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                               |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                |                             |     |                                                                                                                                            |     |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | TWENTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |

|                                                                                                                                                                   |     |           |     |                                                                             |                                |                                      |     |                                                                                                                                            |     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                                             |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                                             | COMMUNITY/ AREA _____ <b>0</b> |                                      |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                   | DSE                            | CALL SIGN                            | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                                             |                                |                                      |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                                                |                                |                                      |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b>                            |                                |                                      |     |                                                                                                                                            |     |
| Base Rate Fee First Group \$ <input type="text" value="0.00"/> <b>0.00</b>                                                                                        |     |           |     | Base Rate Fee Second Group \$ <input type="text" value="0.00"/> <b>0.00</b> |                                |                                      |     |                                                                                                                                            |     |
| TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     |                                                                             | TWENTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                                             |                                |                                      |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                                                |                                |                                      |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b>                            |                                |                                      |     |                                                                                                                                            |     |
| Base Rate Fee Third Group \$ <input type="text" value="0.00"/> <b>0.00</b>                                                                                        |     |           |     | Base Rate Fee Fourth Group \$ <input type="text" value="0.00"/> <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) |     |           |     |                                                                             |                                | \$ <input type="text" value="0.00"/> |     |                                                                                                                                            |     |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | THIRTIETH SUBSCRIBER GROUP     |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | THIRTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | THIRTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |



|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|-----|------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |                      |     |                              |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |                      |     |                              | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                    | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |                      |     |                              |                                | \$ _____                    |     |                                                                                                                                            |     |

|                                                                                                                                                                   |     |           |     |                                                                                                                 |                                |                             |     |                                                                                                      |                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------|-----|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                                                                                 |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                 |                                                                                                                 |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                                                                 |                                |                             |     |                                                                                                      |                                                                                                                 |
| 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 | CALL SIGN                                                                                            | DSE                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                                                                                 |                                |                             |     |                                                                                                      |                                                                                                                 |
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|                                                                                                                                                                   |     |           |     |                                                                                                                 |                                |                             |     |                                                                                                      |                                                                                                                 |
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|                                                                                                                                                                   |     |           |     |                                                                                                                 |                                |                             |     |                                                                                                      |                                                                                                                 |
| Total DSEs                                                                                                                                                        |     |           |     | <u>0.00</u>                                                                                                     | Total DSEs                     |                             |     |                                                                                                      | <u>0.00</u>                                                                                                     |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ <u>0.00</u>                                                                                                  | Gross Receipts Second Group    |                             |     |                                                                                                      | \$ <u>0.00</u>                                                                                                  |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> <u>0.00</u> | Base Rate Fee Second Group     |                             |     |                                                                                                      | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> <u>0.00</u> |
| 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 | CALL SIGN                                                                                            | DSE                                                                                                             |
|                                                                                                                                                                   |     |           |     |                                                                                                                 |                                |                             |     |                                                                                                      |                                                                                                                 |
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|                                                                                                                                                                   |     |           |     |                                                                                                                 |                                |                             |     |                                                                                                      |                                                                                                                 |
| Total DSEs                                                                                                                                                        |     |           |     | <u>0.00</u>                                                                                                     | Total DSEs                     |                             |     |                                                                                                      | <u>0.00</u>                                                                                                     |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ <u>0.00</u>                                                                                                  | Gross Receipts Fourth Group    |                             |     |                                                                                                      | \$ <u>0.00</u>                                                                                                  |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> <u>0.00</u> | Base Rate Fee Fourth Group     |                             |     |                                                                                                      | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> <u>0.00</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) |     |           |     |                                                                                                                 |                                |                             |     | \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> |                                                                                                                 |

**9**  
 Computation  
 of  
 Base Rate Fee  
 and  
 Syndicated  
 Exclusivity  
 Surcharge  
 for  
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|-----|------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |                      |     |                              |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |                      |     |                              | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                    | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |                      |     |                              | FORTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |                      |     |                              |                                |                             |     | \$ _____                                                                                                                                   |     |

|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                |                             |                                                                                                                                         |                                                                                                                                            |     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |                                                                                                                                         |                             |                                | SYSTEM ID#<br><b>027491</b> |                                                                                                                                         | Name                                                                                                                                       |     |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |                                                                                                                                         |                             |                                |                             |                                                                                                                                         |                                                                                                                                            |     |  |
| FORTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |                                                                                                                                         |                             | FIFTIETH SUBSCRIBER GROUP      |                             |                                                                                                                                         |                                                                                                                                            |     |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |                                                                                                                                         |                             | COMMUNITY/ AREA _____ <b>0</b> |                             |                                                                                                                                         |                                                                                                                                            |     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE                                                                                                                                     | CALL SIGN                   | DSE                            | CALL SIGN                   | DSE                                                                                                                                     | CALL SIGN                                                                                                                                  | DSE |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                |                             |                                                                                                                                         |                                                                                                                                            |     |  |
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|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                |                             |                                                                                                                                         |                                                                                                                                            |     |  |
| Total DSEs                                                                                                                                                        |     |           | <u>0.00</u>                                                                                                                             | Total DSEs                  |                                |                             | <u>0.00</u>                                                                                                                             | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |  |
| Gross Receipts First Group                                                                                                                                        |     |           | \$ <u>0.00</u>                                                                                                                          | Gross Receipts Second Group |                                |                             | \$ <u>0.00</u>                                                                                                                          |                                                                                                                                            |     |  |
| Base Rate Fee First Group                                                                                                                                         |     |           | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> | Base Rate Fee Second Group  |                                |                             | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> |                                                                                                                                            |     |  |
| FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |                                                                                                                                         |                             | FIFTY-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                                                                                                                                     | CALL SIGN                                                                                                                                  | DSE |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                |                             |                                                                                                                                         |                                                                                                                                            |     |  |
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|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                |                             |                                                                                                                                         |                                                                                                                                            |     |  |
| Total DSEs                                                                                                                                                        |     |           | <u>0.00</u>                                                                                                                             | Total DSEs                  |                                |                             | <u>0.00</u>                                                                                                                             | (Continued from previous block)                                                                                                            |     |  |
| Gross Receipts Third Group                                                                                                                                        |     |           | \$ <u>0.00</u>                                                                                                                          | Gross Receipts Fourth Group |                                |                             | \$ <u>0.00</u>                                                                                                                          |                                                                                                                                            |     |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> | Base Rate Fee Fourth Group  |                                |                             | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</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) |     |           |                                                                                                                                         |                             |                                |                             |                                                                                                                                         |                                                                                                                                            |     |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                |                             | \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>            |                                                                                                                                            |     |  |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                  | FIFTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |

|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                |                             |     |                                                                                                                              |                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------|-----|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                                                                                                         |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                         |                                                                                                                                         |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                                                                                         |                                |                             |     |                                                                                                                              |                                                                                                                                         |
| SIXTY-FIRST SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                                                                                         | SIXTY-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 | CALL SIGN                                                                                                                    | DSE                                                                                                                                     |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                |                             |     |                                                                                                                              |                                                                                                                                         |
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|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                |                             |     |                                                                                                                              |                                                                                                                                         |
| Total DSEs                                                                                                                                                        |     |           |     | <u>0.00</u>                                                                                                                             | Total DSEs                     |                             |     |                                                                                                                              | <u>0.00</u>                                                                                                                             |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ <u>0.00</u>                                                                                                                          | Gross Receipts Second Group    |                             |     |                                                                                                                              | \$ <u>0.00</u>                                                                                                                          |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> | Base Rate Fee Second Group     |                             |     |                                                                                                                              | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> |
| SIXTY-THIRD SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                                                                                                         | SIXTY-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 | CALL SIGN                                                                                                                    | DSE                                                                                                                                     |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                |                             |     |                                                                                                                              |                                                                                                                                         |
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|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                |                             |     |                                                                                                                              |                                                                                                                                         |
| Total DSEs                                                                                                                                                        |     |           |     | <u>0.00</u>                                                                                                                             | Total DSEs                     |                             |     |                                                                                                                              | <u>0.00</u>                                                                                                                             |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ <u>0.00</u>                                                                                                                          | Gross Receipts Fourth Group    |                             |     |                                                                                                                              | \$ <u>0.00</u>                                                                                                                          |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> | Base Rate Fee Fourth Group     |                             |     |                                                                                                                              | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</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) |     |           |     |                                                                                                                                         |                                |                             |     | \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> |                                                                                                                                         |

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

|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|-----|------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |                      |     |                              |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |                      |     |                              | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                    | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>        |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| SIXTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                    |     |                      |     |                              | SIXTY-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 | CALL SIGN                                                                                                                                  | DSE |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |                      |     |                              |                                |                             |     | \$ _____                                                                                                                                   |     |



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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                 | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
| SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                  | SEVENTIETH SUBSCRIBER GROUP     |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>  |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                             | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                 |                             |     |                                                                                                                                            |     |
| SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                  | SEVENTY-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 | CALL SIGN                                                                                                                                  | DSE |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                 | \$ _____                    |     |                                                                                                                                            |     |

|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                 | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>  |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                             | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                 |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
| SEVENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                  | SEVENTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                 | \$ _____                    |     |                                                                                                                                            |     |

|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|---------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                 | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>  |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                             | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                 |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
| SEVENTY-NINTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                  | EIGHTIETH SUBSCRIBER GROUP      |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>  |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                             | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                 | \$ _____                    |     |                                                                                                                                            |     |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------------------------------------------------------------|--------------------------------|-----------------------------|-----|----------------------------------|-----|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                                 |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                                 | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                  |     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                       | DSE                            | CALL SIGN                   | DSE | CALL SIGN                        | DSE |  |
|                                                                                                                                                                   |     |           |     |                                                                 |                                |                             |     |                                  |     |  |
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|                                                                                                                                                                   |     |           |     |                                                                 |                                |                             |     |                                  |     |  |
|                                                                                                                                                                   |     |           |     |                                                                 |                                |                             |     |                                  |     |  |
| 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 \$ <input type="text" value="0.00"/>                                                                                                    |     |           |     | Base Rate Fee Second Group \$ <input type="text" value="0.00"/> |                                |                             |     |                                  |     |  |
| 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 | CALL SIGN                        | DSE |  |
|                                                                                                                                                                   |     |           |     |                                                                 |                                |                             |     |                                  |     |  |
|                                                                                                                                                                   |     |           |     |                                                                 |                                |                             |     |                                  |     |  |
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|                                                                                                                                                                   |     |           |     |                                                                 |                                |                             |     |                                  |     |  |
| 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 \$ <input type="text" value="0.00"/>                                                                                                    |     |           |     | Base Rate Fee Fourth Group \$ <input type="text" value="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) |     |           |     |                                                                 |                                |                             |     | \$ <input type="text" value=""/> |     |  |

**9**

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

|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                        |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                             |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                               |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                               |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |

|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| EIGHTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | NINTIETH SUBSCRIBER GROUP      |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| NINETY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | NINETY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|-----------|-----|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |           |     |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN | DSE |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |           |     |  |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |           |     |  |
| 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>  |                                |                             |     |           |     |  |
| NINETY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | NINETY-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 | CALL SIGN | DSE |  |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |           |     |  |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |           |     |  |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |           |     |  |

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

|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| NINETY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | ONE HUNDREDTH SUBSCRIBER GROUP |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |





|                                                                                                                                                            |     |           |     |                                                  |                                     |                             |     |                                                                                                                                            |     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                        |     |           |     |                                                  |                                     | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                             |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>      |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                                 | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                            |     |           |     |                                                  |                                     |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                            |     |           |     |                                                  |                                     |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                               |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                     |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                            |     |           |     |                                                  |                                     |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                               |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                     |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |                                     | \$ _____                    |     |                                                                                                                                            |     |



|                                                                                                                                                                   |     |           |     |                                                                                                                 |                                         |                             |     |           |     |                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-----|-----------|-----|-----------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                                                                                 |                                         | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                                                                                 | COMMUNITY/ AREA _____ <b>0</b>          |                             |     |           |     |                                                                                                                 |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                                                       | DSE                                     | CALL SIGN                   | DSE | CALL SIGN | DSE |                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                 |                                         |                             |     |           |     |                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                                                                                                                 |                                         |                             |     |           |     |                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     |           |     | <u>0.00</u>                                                                                                     |                                         | Total DSEs                  |     |           |     | <u>0.00</u>                                                                                                     |  |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ <u>0.00</u>                                                                                                  |                                         | Gross Receipts Second Group |     |           |     | \$ <u>0.00</u>                                                                                                  |  |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> <u>0.00</u> |                                         | Base Rate Fee Second Group  |     |           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> <u>0.00</u> |  |
| ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP                                                                                                                            |     |           |     |                                                                                                                 | ONE HUNDRED 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 | CALL SIGN | DSE |                                                                                                                 |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                 |                                         |                             |     |           |     |                                                                                                                 |  |
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|                                                                                                                                                                   |     |           |     |                                                                                                                 |                                         |                             |     |           |     |                                                                                                                 |  |
| Total DSEs                                                                                                                                                        |     |           |     | <u>0.00</u>                                                                                                     |                                         | Total DSEs                  |     |           |     | <u>0.00</u>                                                                                                     |  |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ <u>0.00</u>                                                                                                  |                                         | Gross Receipts Fourth Group |     |           |     | \$ <u>0.00</u>                                                                                                  |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> <u>0.00</u> |                                         | Base Rate Fee Fourth Group  |     |           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> <u>0.00</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) |     |           |     |                                                                                                                 |                                         |                             |     |           |     |                                                                                                                 |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>                                                              |     |           |     |                                                                                                                 |                                         |                             |     |           |     |                                                                                                                 |  |

**9**

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

|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                         |                             |                                                                                                                                         |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |                                                                                                                                         |                             |                                         | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |                                                                                                                                         |                             | COMMUNITY/ AREA _____ <b>0</b>          |                             |                                                                                                                                         |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE                                                                                                                                     | CALL SIGN                   | DSE                                     | CALL SIGN                   | DSE                                                                                                                                     | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                         |                             |                                                                                                                                         |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                         |                             |                                                                                                                                         |                                                                                                                                            |     |
| Total DSEs                                                                                                                                                        |     |           | <u>0.00</u>                                                                                                                             | Total DSEs                  |                                         |                             | <u>0.00</u>                                                                                                                             | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| Gross Receipts First Group                                                                                                                                        |     |           | \$ <u>0.00</u>                                                                                                                          | Gross Receipts Second Group |                                         |                             | \$ <u>0.00</u>                                                                                                                          |                                                                                                                                            |     |
| Base Rate Fee First Group                                                                                                                                         |     |           | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> | Base Rate Fee Second Group  |                                         |                             | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> |                                                                                                                                            |     |
| ONE HUNDRED NINETEENTH SUBSCRIBER GROUP                                                                                                                           |     |           |                                                                                                                                         |                             | ONE HUNDRED 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                                                                                                                                     | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                         |                             |                                                                                                                                         |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                         |                             |                                                                                                                                         |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                         |                             |                                                                                                                                         |                                                                                                                                            |     |
| Total DSEs                                                                                                                                                        |     |           | <u>0.00</u>                                                                                                                             | Total DSEs                  |                                         |                             | <u>0.00</u>                                                                                                                             | (Continued from previous block)                                                                                                            |     |
| Gross Receipts Third Group                                                                                                                                        |     |           | \$ <u>0.00</u>                                                                                                                          | Gross Receipts Fourth Group |                                         |                             | \$ <u>0.00</u>                                                                                                                          |                                                                                                                                            |     |
| Base Rate Fee Third Group                                                                                                                                         |     |           | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> | Base Rate Fee Fourth Group  |                                         |                             | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</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) |     |           |                                                                                                                                         |                             |                                         |                             |                                                                                                                                         |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                         |                             | \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>            |                                                                                                                                            |     |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                            | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>             |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                                        | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                            |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                         |     |           |     |                                                  | ONE HUNDRED TWENTY-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 | CALL SIGN                                                                                                                                  | DSE |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                            |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                            | \$ _____                    |     |                                                                                                                                            |     |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |                      |     |                              |                                            | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |                      |     |                              | COMMUNITY/ AREA _____ <b>0</b>             |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                    | DSE                                        | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                            |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                            |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |                      |     |                              | ONE HUNDRED TWENTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                            |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                            |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |                      |     |                              |                                            | \$ _____                    |     |                                                                                                                                            |     |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                            | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>             |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                                        | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                            |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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-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                                        | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                            |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                            | \$ _____                    |     |                                                                                                                                            |     |





|                                                                                                                                                                   |     |           |                                                                                                             |                             |                                            |                                                                                                  |                                                                                                             |                                                                                                                                            |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |                                                                                                             |                             |                                            | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |                                                                                                             |                             | COMMUNITY/ AREA _____ <b>0</b>             |                                                                                                  |                                                                                                             |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE                                                                                                         | CALL SIGN                   | DSE                                        | CALL SIGN                                                                                        | DSE                                                                                                         | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |                                                                                                             |                             |                                            |                                                                                                  |                                                                                                             |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |                                                                                                             |                             |                                            |                                                                                                  |                                                                                                             |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     |           | <u>0.00</u>                                                                                                 | Total DSEs                  |                                            |                                                                                                  | <u>0.00</u>                                                                                                 |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     |           | \$ <u>0.00</u>                                                                                              | Gross Receipts Second Group |                                            |                                                                                                  | \$ <u>0.00</u>                                                                                              |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     |           | \$ <span style="border:1px solid black; display:inline-block; width:60px; height:15px;"></span> <u>0.00</u> | Base Rate Fee Second Group  |                                            |                                                                                                  | \$ <span style="border:1px solid black; display:inline-block; width:60px; height:15px;"></span> <u>0.00</u> |                                                                                                                                            |  |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                         |     |           |                                                                                                             |                             | ONE HUNDRED 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                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                             |                             |                                            |                                                                                                  |                                                                                                             |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |                                                                                                             |                             |                                            |                                                                                                  |                                                                                                             |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     |           | <u>0.00</u>                                                                                                 | Total DSEs                  |                                            |                                                                                                  | <u>0.00</u>                                                                                                 |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     |           | \$ <u>0.00</u>                                                                                              | Gross Receipts Fourth Group |                                            |                                                                                                  | \$ <u>0.00</u>                                                                                              |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           | \$ <span style="border:1px solid black; display:inline-block; width:60px; height:15px;"></span> <u>0.00</u> | Base Rate Fee Fourth Group  |                                            |                                                                                                  | \$ <span style="border:1px solid black; display:inline-block; width:60px; height:15px;"></span> <u>0.00</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) |     |           |                                                                                                             |                             |                                            | \$ <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span> |                                                                                                             |                                                                                                                                            |  |

|                                                                                                                                                                   |     |           |     |                                                                             |                                           |                                      |     |                                                                                                                                            |     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                                             |                                           | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                                             | COMMUNITY/ AREA _____ <b>0</b>            |                                      |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                   | DSE                                       | CALL SIGN                            | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                                             |                                           |                                      |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                                                |                                           |                                      |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| Gross Receipts First Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Second Group \$ _____ <b>0.00</b>                            |                                           |                                      |     |                                                                                                                                            |     |
| Base Rate Fee First Group \$ <input type="text" value="0.00"/> <b>0.00</b>                                                                                        |     |           |     | Base Rate Fee Second Group \$ <input type="text" value="0.00"/> <b>0.00</b> |                                           |                                      |     |                                                                                                                                            |     |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                             | ONE HUNDRED 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                                             |                                           |                                      |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                                                |                                           |                                      |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| Gross Receipts Third Group \$ _____ <b>0.00</b>                                                                                                                   |     |           |     | Gross Receipts Fourth Group \$ _____ <b>0.00</b>                            |                                           |                                      |     |                                                                                                                                            |     |
| Base Rate Fee Third Group \$ <input type="text" value="0.00"/> <b>0.00</b>                                                                                        |     |           |     | Base Rate Fee Fourth Group \$ <input type="text" value="0.00"/> <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) |     |           |     |                                                                             |                                           | \$ <input type="text" value="0.00"/> |     |                                                                                                                                            |     |

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                           | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>            |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                                       | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                           |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                           |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |           |     |                                                  | ONE HUNDRED FORTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                           |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                           |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                           |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                           | \$ _____                    |     |                                                                                                                                            |     |





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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |                                                                                                                                         |                             |                                           | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |                                                                                                                                         |                             | COMMUNITY/ AREA _____ <b>0</b>            |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE                                                                                                                                     | CALL SIGN                   | DSE                                       | CALL SIGN                                                                                                                    | DSE                                                                                                                                     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     |           | <u>0.00</u>                                                                                                                             | Total DSEs                  |                                           |                                                                                                                              | <u>0.00</u>                                                                                                                             |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     |           | \$ <u>0.00</u>                                                                                                                          | Gross Receipts Second Group |                                           |                                                                                                                              | \$ <u>0.00</u>                                                                                                                          |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     |           | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> | Base Rate Fee Second Group  |                                           |                                                                                                                              | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> |                                                                                                                                            |  |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |           |                                                                                                                                         |                             | ONE HUNDRED 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                                                                                                                                     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
|                                                                                                                                                                   |     |           |                                                                                                                                         |                             |                                           |                                                                                                                              |                                                                                                                                         |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     |           | <u>0.00</u>                                                                                                                             | Total DSEs                  |                                           |                                                                                                                              | <u>0.00</u>                                                                                                                             |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     |           | \$ <u>0.00</u>                                                                                                                          | Gross Receipts Fourth Group |                                           |                                                                                                                              | \$ <u>0.00</u>                                                                                                                          |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> | Base Rate Fee Fourth Group  |                                           |                                                                                                                              | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</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) |     |           |                                                                                                                                         |                             |                                           | \$ <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>MEDIACOM ARIZONA LLC</b>                                                                                               |     |                      |     |                              |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| THIRTEENTH SUBSCRIBER GROUP                                                                                                                                       |     |                      |     |                              | FOURTEENTH SUBSCRIBER GROUP    |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |                      |     |                              | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                    | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>        |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |                      |     |                              |                                | \$ _____                    |     |                                                                                                                                            |     |



**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                |                             |     | \$ _____                                                                                                                                   |     |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | TWENTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                |                             |     | \$ _____                                                                                                                                   |     |

Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                   |     |           |     |                                                  | TWENTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |

Nonpermitted 3.75 Stations

|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| TWENTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | THIRTIETH SUBSCRIBER GROUP     |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | THIRTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                |                             |     | \$ _____                                                                                                                                   |     |

**Nonpermitted 3.75 Stations**

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | THIRTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|-----|------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |                      |     |                              |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |                      |     |                              | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                    | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |                      |     |                              |                                | \$ _____                    |     |                                                                                                                                            |     |

Nonpermitted 3.75 Stations

|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                        |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                    |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                               |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                            |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                               |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |







**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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-FIFTH SUBSCRIBER GROUP                                                                                                                                      |     |           |     |                                                  | FIFTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|-----|------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |                      |     |                              |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |                      |     |                              | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                    | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |                      |     |                              |                                | \$ _____                    |     |                                                                                                                                            |     |







**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|---------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                 | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>  |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                             | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                 |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
| SEVENTY-FIFTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                  | SEVENTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                 | \$ _____                    |     |                                                                                                                                            |     |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                 | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>  |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                             | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                 |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
| SEVENTY-NINTH SUBSCRIBER GROUP                                                                                                                                    |     |           |     |                                                  | EIGHTIETH SUBSCRIBER GROUP      |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>  |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                             | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                 |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                 |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                 | \$ _____                    |     |                                                                                                                                            |     |



**Nonpermitted 3.75 Stations**

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |



**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</b> |     | Name                                                                                                                                       |     |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| EIGHTY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | NINTIETH SUBSCRIBER GROUP      |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| NINETY-FIRST SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | NINETY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                |                             |     | \$ _____                                                                                                                                   |     |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| NINETY-FIFTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | NINETY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                | \$ _____                    |     |                                                                                                                                            |     |

**Nonpermitted 3.75 Stations**

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
| NINETY-NINTH SUBSCRIBER GROUP                                                                                                                                     |     |           |     |                                                  | ONE HUNDREDTH SUBSCRIBER GROUP |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b> |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                            | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                |                             |     | \$ _____                                                                                                                                   |     |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                      |     |                              |                                     |                             |     |                                                                                                                                            |     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |                      |     |                              |                                     | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |                      |     |                              | COMMUNITY/ AREA _____ <b>0</b>      |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                    | DSE                                 | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                     |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                     |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 THIRD SUBSCRIBER GROUP                                                                                                                                |     |                      |     |                              | ONE HUNDRED 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                     |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                     |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |                      |     |                              |                                     | \$ _____                    |     |                                                                                                                                            |     |



**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                      |                             |     |                                                                                                                                            |     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                      | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>       |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                                  | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                      |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                      |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 ELEVENTH SUBSCRIBER GROUP                                                                                                                             |     |           |     |                                                  | ONE HUNDRED TWELVTH SUBSCRIBER GROUP |                             |     |                                                                                                                                            |     |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>       |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                                  | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                      |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                      |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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>  |                                      |                             |     |                                                                                                                                            |     |
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| <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**

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                         | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>          |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                                     | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                         |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 FIFTEENTH SUBSCRIBER GROUP                                                                                                                            |     |           |     |                                                  | ONE HUNDRED 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                         |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                         |                             |     | \$ _____                                                                                                                                   |     |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|-----------------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                         | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>          |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                                     | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                         |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>          |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                                     | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                         |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                         |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                         | \$ _____                    |     |                                                                                                                                            |     |



**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|--------------------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                            | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>             |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                                        | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                            |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 TWENTY-SEVENTH SUBSCRIBER GROUP                                                                                                                       |     |           |     |                                                  | ONE HUNDRED TWENTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
|                                                                                                                                                                   |     |           |     |                                                  |                                            |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                            |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                            | \$ _____                    |     |                                                                                                                                            |     |





**Nonpermitted 3.75 Stations**

|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                        |     |           |     |                                                                                                             |                                            | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                             |     |           |     |                                                                                                             | COMMUNITY/ AREA _____ <b>0</b>             |                             |     |                                                                                                  |                                                                                                             |
| CALL SIGN                                                                                                                                                  | DSE | CALL SIGN | DSE | CALL SIGN                                                                                                   | DSE                                        | CALL SIGN                   | DSE |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
|                                                                                                                                                            |     |           |     |                                                                                                             |                                            |                             |     |                                                                                                  |                                                                                                             |
| Total DSEs                                                                                                                                                 |     |           |     | <u>0.00</u>                                                                                                 | Total DSEs                                 |                             |     |                                                                                                  | <u>0.00</u>                                                                                                 |
| Gross Receipts First Group                                                                                                                                 |     |           |     | \$ <u>0.00</u>                                                                                              | Gross Receipts Second Group                |                             |     |                                                                                                  | \$ <u>0.00</u>                                                                                              |
| Base Rate Fee First Group                                                                                                                                  |     |           |     | \$ <span style="border:1px solid black; display:inline-block; width:60px; height:15px;"></span> <u>0.00</u> | Base Rate Fee Second Group                 |                             |     |                                                                                                  | \$ <span style="border:1px solid black; display:inline-block; width:60px; height:15px;"></span> <u>0.00</u> |
| ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP                                                                                                                  |     |           |     |                                                                                                             | ONE HUNDRED 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                                                                                                                                                 |     |           |     | <u>0.00</u>                                                                                                 | Total DSEs                                 |                             |     |                                                                                                  | <u>0.00</u>                                                                                                 |
| Gross Receipts Third Group                                                                                                                                 |     |           |     | \$ <u>0.00</u>                                                                                              | Gross Receipts Fourth Group                |                             |     |                                                                                                  | \$ <u>0.00</u>                                                                                              |
| Base Rate Fee Third Group                                                                                                                                  |     |           |     | \$ <span style="border:1px solid black; display:inline-block; width:60px; height:15px;"></span> <u>0.00</u> | Base Rate Fee Fourth Group                 |                             |     |                                                                                                  | \$ <span style="border:1px solid black; display:inline-block; width:60px; height:15px;"></span> <u>0.00</u> |
| <b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                                                                                                             |                                            |                             |     | \$ <span style="border:1px solid black; display:inline-block; width:100px; height:15px;"></span> |                                                                                                             |

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

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                           |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|--------------------------------------------------|-------------------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                           | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>            |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                                       | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                           |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                           |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 FORTY-THIRD SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                  | ONE HUNDRED 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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                           |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |           |     |                                                  |                                           |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                           |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                           | \$ _____                    |     |                                                                                                                                            |     |



**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                      |     |                              |                                           |                             |     |                                                                                                                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|-----|------------------------------|-------------------------------------------|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |                      |     |                              |                                           | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |                      |     |                              | COMMUNITY/ AREA _____ <b>0</b>            |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                    | DSE                                       | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                           |                             |     |                                                                                                                                            |     |
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|                                                                                                                                                                   |     |                      |     |                              |                                           |                             |     |                                                                                                                                            |     |
| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                           |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 FORTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |                      |     |                              | ONE HUNDRED FORTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |                      |     |                              |                                           |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |                      |     | Total DSEs _____ <b>0.00</b> |                                           |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |                      |     |                              |                                           | \$ _____                    |     |                                                                                                                                            |     |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                  |                                           |                             |     |                                                                                                                                            |     |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                  |                                           | SYSTEM ID#<br><b>027491</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 _____ <b>0</b>                                                                                                                                    |     |           |     |                                                  | COMMUNITY/ AREA _____ <b>0</b>            |                             |     |                                                                                                                                            |     |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                        | DSE                                       | CALL SIGN                   | DSE | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                           |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                           |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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 FIFTY-FIRST SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                  | ONE HUNDRED FIFTY-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 | CALL SIGN                                                                                                                                  | DSE |
|                                                                                                                                                                   |     |           |     |                                                  |                                           |                             |     |                                                                                                                                            |     |
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| Total DSEs _____ <b>0.00</b>                                                                                                                                      |     |           |     | Total DSEs _____ <b>0.00</b>                     |                                           |                             |     | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |     |
| 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) |     |           |     |                                                  |                                           |                             |     | \$ _____                                                                                                                                   |     |



**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------|-----|------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                               |     |           |     |                                                                                                                                         |                                            | SYSTEM ID#<br><b>027491</b> |     | Name |  |                                                                                                                                         |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
| ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                        |     |           |     |                                                                                                                                         | ONE HUNDRED FIFTY-EIGHTTH SUBSCRIBER GROUP |                             |     |      |  |                                                                                                                                         |  |
| COMMUNITY/ AREA _____ <b>0</b>                                                                                                                                    |     |           |     |                                                                                                                                         | COMMUNITY/ AREA _____ <b>0</b>             |                             |     |      |  |                                                                                                                                         |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN                                                                                                                               | DSE                                        | CALL SIGN                   | DSE |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
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|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
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|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
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|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
| Total DSEs                                                                                                                                                        |     |           |     | <u>0.00</u>                                                                                                                             |                                            | Total DSEs                  |     |      |  | <u>0.00</u>                                                                                                                             |  |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ <u>0.00</u>                                                                                                                          |                                            | Gross Receipts Second Group |     |      |  | \$ <u>0.00</u>                                                                                                                          |  |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> |                                            | Base Rate Fee Second Group  |     |      |  | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> |  |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                          |     |           |     |                                                                                                                                         | ONE HUNDRED 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 |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
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|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
|                                                                                                                                                                   |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
| Total DSEs                                                                                                                                                        |     |           |     | <u>0.00</u>                                                                                                                             |                                            | Total DSEs                  |     |      |  | <u>0.00</u>                                                                                                                             |  |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ <u>0.00</u>                                                                                                                          |                                            | Gross Receipts Fourth Group |     |      |  | \$ <u>0.00</u>                                                                                                                          |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</u> |                                            | Base Rate Fee Fourth Group  |     |      |  | \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> <u>0.00</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) |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |
| \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>                                      |     |           |     |                                                                                                                                         |                                            |                             |     |      |  |                                                                                                                                         |  |

**9**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SYSTEM ID#</b><br><b>027491</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>9</b></p> <p><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b></p>                                                                                                                                                                                                                                                                                                                                                                                             | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market                      <input type="checkbox"/> Second 50 major television market         </p>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p> |
| ELEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TWELVTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <input style="width: 100px;" type="text"/></p> | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>THIRTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>FOURTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>FIFTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>SIXTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                        |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                         |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SEVENTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>EIGHTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                      |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>NINEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>TWENTYTH SUBSCRIBER GROUP</b>                                                                                                                                                                        |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                          |                                                                                                                                                                                                         |                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SYSTEM ID#</b><br><b>027491</b> |
| <p><b>9</b></p> <p><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b></p>                                                                                                                                                                                                                                                                                                                                                                                             | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market                      <input type="checkbox"/> Second 50 major television market         </p>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TWENTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TWENTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p> |                                    |
| TWENTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TWENTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <input style="width: 100px;" type="text"/></p> | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| <p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |



|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                    |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                         | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b> | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                         |                                    |
|                                                                                                                         | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                         |                                    |
|                                                                                                                         | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                         | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                         |                                    |
|                                                                                                                         | <b>TWENTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>TWENTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                    |                                    |
|                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                         | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                         | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                         | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                         | <b>TWENTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>TWENTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                   |                                    |
|                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                         | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                         | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                         | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                         | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                        | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                         |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>TWENTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>THIRTIETH SUBSCRIBER GROUP</b>                                                                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>THIRTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>THIRTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                   |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                          |                                                                                                                                                                                                         |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     | <b>SYSTEM ID#</b><br><b>027491</b>                                                                                                                                                                      |
| <b>9</b><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                        | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                         |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>THIRTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>THIRTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |
|                                                                                                                                                                                                                                                                                                            | <b>THIRTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>THIRTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                          |                                                                                                                                                                                                         |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                        | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>THIRTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>THIRTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                    |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                      | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                          | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>THIRTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>FORTIETH SUBSCRIBER GROUP</b>                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                      | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                          | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     | <b>SYSTEM ID#</b><br><b>027491</b>                                                                                                                                                                      |
| <b>9</b><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                        | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                         |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>FORTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>FORTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |
|                                                                                                                                                                                                                                                                                                            | <b>FORTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>FORTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                          |                                                                                                                                                                                                         |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>FORTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>FORTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                      |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                      | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                          | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>FORTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>FORTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                     |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                      | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                          | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                        | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                         |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>FORTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>FIFTIETH SUBSCRIBER GROUP</b>                                                                                                                                                                        |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>FIFTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>FIFTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                    |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                          |                                                                                                                                                                                                         |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>FIFTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>FIFTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                     |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>FIFTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>FIFTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                      |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |



|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                        | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>FIFTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>FIFTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                     |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                      | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                          | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>FIFTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>SIXTIETH SUBSCRIBER GROUP</b>                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                      | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                          | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                        | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                         |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SIXTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>SIXTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                    |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SIXTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>SIXTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                    |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                          |                                                                                                                                                                                                         |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                        | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                         |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SIXTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>SIXTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                     |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SIXTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SIXTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                    |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                          |                                                                                                                                                                                                         |                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SYSTEM ID#</b><br><b>027491</b> |
| <p><b>9</b></p> <p><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b></p>                                                                                                                                                                                                                                                                                                                                                                                             | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market                      <input type="checkbox"/> Second 50 major television market         </p>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SIXTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SEVENTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p> |                                    |
| SEVENTY-FIRST SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SEVENTY-SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <input style="width: 100px;" type="text"/></p> | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| <p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SYSTEM ID#</b><br><b>027491</b> |
| <p><b>9</b></p> <p><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b></p>                                                                                                                                                                                                                                                                                                                                                                                       | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market             <span style="margin-left: 150px;"><input type="checkbox"/> Second 50 major television market</span> </p>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>SEVENTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SEVENTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <span style="float: right;">-</span></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                                  | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <span style="float: right;">-</span></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p> |                                    |
| <b>SEVENTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>SEVENTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |
| <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <span style="float: right;">-</span></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <input style="width: 100px;" type="text"/></p> | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <span style="float: right;">-</span></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |
| <p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                        | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SEVENTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SEVENTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                   |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                      | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                          | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SEVENTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>EIGHTIETH SUBSCRIBER GROUP</b>                                                                                                                                                                        |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                      | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                          | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     | <b>SYSTEM ID#</b><br><b>027491</b>                                                                                                                                                                      |
| <b>9</b><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                        | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                         |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                            | <b>EIGHTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>EIGHTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |
|                                                                                                                                                                                                                                                                                                            | <b>EIGHTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>EIGHTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                          |                                                                                                                                                                                                         |

|                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                  | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b>                                                                                                       | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| <p><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b></p> | <p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align:center;"> <input type="checkbox"/> First 50 major television market                      <input type="checkbox"/> Second 50 major television market         </p> <p><b>INSTRUCTIONS:</b></p> <p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
|                                                                                                                | <b>EIGHTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>EIGHTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> - |                                    |
|                                                                                                                | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                   |                                    |
|                                                                                                                | <b>EIGHTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>EIGHTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                            |                                    |
|                                                                                                                | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/><br>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> - |                                    |
|                                                                                                                | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                   |                                    |
|                                                                                                                | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                  |                                    |



|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                        | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                         |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>EIGHTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>NINETIETH SUBSCRIBER GROUP</b>                                                                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>NINETY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>NINETY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                                   |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                          |                                                                                                                                                                                                         |                                    |

|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name</b>                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | <b>SYSTEM ID#</b><br><b>027491</b>                                                                                                                            |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b> | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                               |
|                                                                                                                         | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market                                                                                                                                                                                                                                                                                                                                                            |                                       |                                                                                                                                                               |
|                                                                                                                         | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                               |
|                                                                                                                         | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                       |                                                                                                                                                               |
|                                                                                                                         | <b>NINETY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>NINETY-FOURTH SUBSCRIBER GROUP</b> |                                                                                                                                                               |
|                                                                                                                         | Line 1: Enter the VHF DSEs . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                 | Line 1: Enter the VHF DSEs . . . . .                                                                                                                          |
|                                                                                                                         | Line 2: Enter the Exempt DSEs . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                 | Line 2: Enter the Exempt DSEs . . . . .                                                                                                                       |
|                                                                                                                         | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ - _____                         | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . |
|                                                                                                                         | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                       |
|                                                                                                                         | First Group . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$ _____                              | Second Group . . . . .                                                                                                                                        |
|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | \$ _____                                                                                                                                                      |
|                                                                                                                         | <b>NINETY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>NINETY-SIXTH SUBSCRIBER GROUP</b>  |                                                                                                                                                               |
|                                                                                                                         | Line 1: Enter the VHF DSEs . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                 | Line 1: Enter the VHF DSEs . . . . .                                                                                                                          |
|                                                                                                                         | Line 2: Enter the Exempt DSEs . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                 | Line 2: Enter the Exempt DSEs . . . . .                                                                                                                       |
|                                                                                                                         | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ - _____                         | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . |
|                                                                                                                         | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                       |
|                                                                                                                         | Third Group . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$ _____                              | Fourth Group . . . . .                                                                                                                                        |
|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | \$ _____                                                                                                                                                      |
|                                                                                                                         | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | \$ _____                                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                         |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>NINETY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>NINETY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                                   |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>NINETY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ONE HUNDRETH SUBSCRIBER GROUP</b>                                                                                                                                                                    |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                 | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                          |                                                                                                                                                                                                         |                                    |

|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name</b>                                                                                                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | <b>SYSTEM ID#</b><br><b>027491</b>                                                                                                                            |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b> | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                               |
|                                                                                                                         | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                               |
|                                                                                                                         | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                                                                                               |
|                                                                                                                         | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                            |                                                                                                                                                               |
|                                                                                                                         | <b>ONE HUNDRED FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>ONE HUNDRED SECOND SUBSCRIBER GROUP</b> |                                                                                                                                                               |
|                                                                                                                         | Line 1: Enter the VHF DSEs . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                      | Line 1: Enter the VHF DSEs . . . . .                                                                                                                          |
|                                                                                                                         | Line 2: Enter the Exempt DSEs . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                      | Line 2: Enter the Exempt DSEs . . . . .                                                                                                                       |
|                                                                                                                         | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ - _____                              | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . |
|                                                                                                                         | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                       |
|                                                                                                                         | First Group . . . . . \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                      | Second Group . . . . . \$                                                                                                                                     |
|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                               |
|                                                                                                                         | <b>ONE HUNDRED THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>ONE HUNDRED FOURTH SUBSCRIBER GROUP</b> |                                                                                                                                                               |
|                                                                                                                         | Line 1: Enter the VHF DSEs . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                      | Line 1: Enter the VHF DSEs . . . . .                                                                                                                          |
|                                                                                                                         | Line 2: Enter the Exempt DSEs . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                      | Line 2: Enter the Exempt DSEs . . . . .                                                                                                                       |
|                                                                                                                         | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____ - _____                              | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . |
|                                                                                                                         | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                       |
|                                                                                                                         | Third Group . . . . . \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                      | Fourth Group . . . . . \$                                                                                                                                     |
|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                               |
|                                                                                                                         | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | \$ _____                                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ONE HUNDRED SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                                |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>ONE HUNDRED EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                               |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SYSTEM ID#</b><br><b>027491</b> |
| <p><b>9</b></p> <p><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b></p>                                                                                                                                                                                                                                                                                                                                                                                             | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market             <span style="margin-left: 150px;"><input type="checkbox"/> Second 50 major television market</span> </p>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ONE HUNDRED TENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p> |                                    |
| <b>ONE HUNDRED ELEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>ONE HUNDRED TWELFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <input style="width: 100px;" type="text"/></p> | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| <p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                        | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                           |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                          | <b>ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                           |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                      | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                          | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                           | <b>ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                            |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                         | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                      | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                          | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                         |                                                                                                                                                                                                          |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                            |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b>         |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                                            |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                            |
| <b>ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP</b>                                                                                                                                                           |                                            |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                            |
| Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                            |
| Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                            |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                                  |                                            |
| First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                     |                                            |
| <b>ONE HUNDRED NINETEENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ONE HUNDRED TWENTIETH SUBSCRIBER GROUP</b>                                                                                                                                                            |                                            |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                            |
| Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                            |
| Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                            |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                                  |                                            |
| Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                     |                                            |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . .                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          | <input style="width: 100px;" type="text"/> |



|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                        |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                        |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                          | <b>ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                        |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED THIRTIETH SUBSCRIBER GROUP</b>                                                                                                                                                            |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                        |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SYSTEM ID#</b><br><b>027491</b> |
| <p><b>9</b></p> <p><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b></p>                                                                                                                                                                                                                                                                                                                                                                                             | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market                      <input type="checkbox"/> Second 50 major television market         </p>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p> |                                    |
| ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <input style="width: 100px;" type="text"/></p> | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| <p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                         |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                               |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                         |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                          | <b>ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                              | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                           | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                     | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                               | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FORTIETH SUBSCRIBER GROUP</b>                                                                                                                                                            |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                              | Line 1: Enter the VHF DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                           | Line 2: Enter the Exempt DSEs . . . . . <input style="width:100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                     | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width:100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                               | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width:100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width:100px;" type="text"/>                                                                                                                                                                                                                              |                                                                                                                                                                                                         |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                            |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b>         |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                                            |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                            |
| <b>ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                          |                                            |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                            |
| Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                            |
| Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                            |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                                  |                                            |
| First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                     |                                            |
| <b>ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP</b>                                                                                                                                                         |                                            |
| Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                            |
| Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                            |
| Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                            |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                                  |                                            |
| Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                     |                                            |
| <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . .                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          | <input style="width: 100px;" type="text"/> |

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ONE HUNDRED FIFTIETH SUBSCRIBER GROUP</b>                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP</b>                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |



|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>027491</b> |
| <b>9</b><br><br><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b>                                                                                                                                                                                    | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:<br><br><input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                                    |
| <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP</b>                                                                                                                                                         |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP</b>                                                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                             | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                          | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       |                                    |
|                                                                                                                                                                                                                                                                                                            | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/> |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                              | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                             |                                                                                                                                                                                                          |                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>MEDIACOM ARIZONA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SYSTEM ID#</b><br><b>027491</b> |
| <p><b>9</b></p> <p><b>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations</b></p>                                                                                                                                                                                                                                                                                                                                                                                             | <b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</p> <p style="text-align: center;"> <input type="checkbox"/> First 50 major television market             <span style="margin-left: 150px;"><input type="checkbox"/> Second 50 major television market</span> </p>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>INSTRUCTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</p> <p><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>First Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                            | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Second Group . . . . . \$ <input style="width: 100px;" type="text"/></p> |                                    |
| ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Third Group . . . . . \$ <input style="width: 100px;" type="text"/></p> | <p>Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></p> <p>Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <input style="width: 100px;" type="text"/></p> <p><b>SYNDICATED EXCLUSIVITY SURCHARGE</b></p> <p>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| <p><b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/></p>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |

CONTROL #:

REMITTANCE #:



# Cable Worksheet

Total amount of remittance

Number of SAs rec'd

Initials

Date of remittance

Check

EFT

FILING FEES

Cable ID #

Amount

Initials

Examined by

Reviewed by

Date examination completed

Allocation number

Space A  
Accounting  
Period

January 1 - June 30, 2017

July 1 - December 31, 2017

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space B  
Owner

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space D  
Area Served

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space E  
Secondary  
Transmission  
Service  
Subscribers:  
and Rates

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space G  
Primary  
Transmitters:  
Television

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space H  
Primary  
Transmitters:  
Radio

Accepted

Phone call/Date/Contact