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.

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						
	\$						
2-28-20	ALLOCATION NUMBER						

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2019/2										
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco	ss of the cable syster on the last day of to	em. he accounting period should so	•							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
	CABLE ONE, INC.										
				365920192							
				3659 2019/2							
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626										
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•									
	names already appear in space B. In line 2, give the mailing address of	of the system, if di	ifferent from the address gi	ven in space B.							
System	1 SPARKLIGHT										
	MAILING ADDRESS OF CABLE SYSTEM: 1045 SOUTH COMMERCIAL, PO BOX 1570 (Number, street, rural route, apartment, or suite number) ARANSAS PASS, TX 78336 (City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and i	elist on page 1b							
Area	with all communities.		•								
Served	CITY OR TOWN	STATE									
First	ARANSAS PASS	TX									
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#							
Sample	Alda	MD	Α	1							
	Alliance	MD MD	В	3							
	Gering	IVID	В	3							

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

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 1b. **SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: 3659 CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. STATE CITY OR TOWN CH LINE UP SUB GRP# **ARANSAS PASS** TX **First ARANSAS PASS COUNTY** TX Community CITY BY THE SEA TX **GREGORY** TX **INGLESIDE** TX **INGLESIDE BY THE BAY** TX See instructions for **PALM HARBOR** TX additional information on alphabetization. **SAN PATRICIO COUNTY** TX **TAFT** TX Add rows as necessary.

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

3659

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2			
CATECORY OF CERVICE	NO. OF		DATE			NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Щ	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	2,856	\$	40.00				
 Service to additional set(s) 	2,473						
 FM radio (if separate rate) 							
Motel, hotel	39	\$	15.00				
Commercial							
Converter							
 Residential 							
 Non-residential 				1			
		· [1 '''			i

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2						
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	C	CATEGORY OF SERVICE	RATE		
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	10.95	Motel, hotel	\$	16.04			
 Pay cable—add'l channel 	\$	10.95	Commercial	\$	10.69			
Fire protection			• Pay cable					
Burglar protection			 Pay cable-add'l channel 	• Pay cable-add'l channel				
Installation: Residential			Fire protection					
• First set	\$	45.00	Burglar protection					
Additional set(s)	\$	10.69	Other services:					
• FM radio (if separate rate)			Reconnect	\$	45.00			
Converter			Disconnect	\$	16.49			
			Outlet relocation	\$	30.00			
			 Move to new address 					

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3659 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **CHANNEL** (Yes or No) **CARRIAGE** SIGN OF **NUMBER STATION** (If Distant) **KDF** 22 CORPUS CHRISTI, TX ı No KIII 8 Ν No CORPUS CHRISTI, TX See instructions for additional information KIII-2 8 I No CORPUS CHRISTI, TX on alphabetization. KIII-3 8 **CORPUS CHRISTI, TX** ı No KIII-4 8 CORPUS CHRISTI, TX ı No **KORO** 27 I No CORPUS CHRISTI, TX **KRIS** 13 Ν No CORPUS CHRISTI, TX KTOV-LP 21 ı No CORPUS CHRISTI, TX KSCC-3 38 ı No CORPUS CHRISTI, TX **KZTV** 10 N No CORPUS CHRISTI, TX **CORPUS CHRISTI, TX KZTV-2** 10 ı No 14 CORPUS CHRISTI, TX **KXPX-CA** ı No KCRP-CD **CORPUS CHRISTI, TX** 17 ı No **KEDT** 23 Ε **CORPUS CHRISTI, TX** No

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				3659	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television		
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 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. 								
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its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	annel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air in s may be different from the channel			
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tion "E" (exempt). For explanation of these th Column 6: Give th	simulcasts, als nree categories e location of ea Canadian statio	o enter "E". If , see page (v ach station. Fo ons, if any, giv	you carried the of the general or U.S. stations, we the name of the state of the st	channel on any o instructions locate list the communit he community with	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. The station is licensed by the handle the station is identifed.			
Tiolo: II you are amizin	- Ig manapie ona	•	EL LINE-UP	•	oname ap.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	NOMBER	STATION		(II Distant)				
						1		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3659 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				3659	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television		
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its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	annel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air in may be different from the channel			
on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further								
Column 6: Give th	e location of ea Canadian statio	nch station. Fo	or U.S. stations, re the name of t	list the communit he community witl	ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AD				
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			
			•					
			•					

LEGAL NAME OF OWN	NER OF CABLE SY	YSTEM:			SYSTEM ID#	Nama
CABLE ONE, II	NC.				3659	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 70	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	-	and (2) certain stations carried on a	Primary
substitute program ba Substitute Basis				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F	_			o o Consolal Otatana	and and Drawns Law if the	
Do not list the station station was carried	•		st it in space I (tr	ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the st			itute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).				·	tion for broadcasting over-the-air in	
its community of licens	se. For exampl	e, WRC is Ch	-		s may be different from the channel	
on which your cable so	•		tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
educational station, by	entering the le	etter "N" (for n	etwork), "N-M"	(for network multi	cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	, .		, .	,	commercial educational multicast).	
					es". If not, enter "No". For an ex-	
planation of local serv					e paper SA3 form. stating the basis on which your	
·			•	•	stating the basis on which your stering "LAC" if your cable system	
carried the distant star	•					
					y payment because it is the subject stem or an association representing	
the cable system and	a primary trans	smitter or an a	ssociation repre	esenting the prima	ary transmitter, enter the designa-	
` '			•	•	other basis, enter "O." For a further ed in the paper SA3 form.	
					ty to which the station is licensed by the	
FCC. For Mexican or Note: If you are utilizing				•	h which the station is identifed.	
Note. If you are utilizing		•	EL LINE-UP	•	т спаппет ппе-ир.	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	NUMBER	STATION	` ′	(If Distant)		
				(2.43)		

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
CABLE ONE, II	NC.				3659	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba Substitute Basis \$	sis, as explaine Stations: With	ed in the next respect to an	paragraph. y distant station		and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0Do not list the station station was carried	n here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
			-		tion for broadcasting over-the-air in smay be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	ommercial educational multicast).	
-	ave entered "Y	es" in column	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing	
tion "E" (exempt). For explanation of these the	simulcasts, als	o enter "E". If , see page (v	you carried the) of the general	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of t	he community wit	y to which the station is licensed by the handle ha	
		CHANN	EL LINE-UP	AF		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				3659	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television		
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.								
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.								
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	ver-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example			
its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	annel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air in may be different from the channel			
on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further								
Column 6: Give th	e location of ea Canadian statio	nch station. Fo	or U.S. stations, re the name of t	list the communit he community with	ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AG				
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			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, IN	NC.				3659	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television		
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.								
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.								
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	ver-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example			
its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	annel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air in s may be different from the channel			
on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-								
explanation of these the Column 6: Give the	nree categories e location of ea Canadian static	, see page (v nch station. Fo ns, if any, giv	of the general or U.S. stations, we the name of t	instructions locate list the communit he community with	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the hy which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AH				
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			
					I			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
CABLE ONE, II	NC.				3659	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G		
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television		
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.								
 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. 								
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).								
its community of licens on which your cable sy	se. For example ystem carried th	e, WRC is Ch ne station.	annel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air in may be different from the channel			
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your								
carried the distant state For the retransmiss of a written agreement the cable system and	tion on a part-til sion of a distant t entered into o a primary trans	me basis bec t multicast str n or before Ju mitter or an a	ause of lack of a eam that is not s une 30, 2009, be ssociation repre	activated channel subject to a royalty etween a cable system to be successful actions.	tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designather basis, enter "O." For a further			
explanation of these the Column 6: Give the	nree categories e location of ea Canadian static	, see page (vach station. Fons, if any, giv	of the general or U.S. stations, we the name of t	instructions locate list the communit he community with	ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.			
		CHANN	EL LINE-UP	Al				
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			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				3659	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during to ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
basis. For further in the paper SA3 for	nformation cond orm.	cerning substi	tute basis statio	ons, see page (v)	tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	ver-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
its community of licens on which your cable sy	se. For example stem carried the	e, WRC is Ch ne station.	annel 4 in Wasl	hington, D.C. This	tion for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried t carried the distant stat	entering the lecast), "E" (for nese terms, see ation is outside ice area, see pare entered "Yhe distant station on a part-ti	etter "N" (for no concommercial page (v) of the the local ser age (v) of the es" in column on during the me basis bec	etwork), "N-M" (al educational), of general instructions area, (i.e. "general instructions, you must conaccounting perions accounting perions area.	(for network multicor "E-M" (for noncontions located in the distant"), enter "Y tions located in the mplete column 5, od. Indicate by enactivated channel	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
the cable system and tion "E" (exempt). For explanation of these the	a primary trans simulcasts, als nree categories	mitter or an a o enter "E". If , see page (v	ssociation repre you carried the) of the general	esenting the prima channel on any o instructions locate	stem or an association representing try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. I y to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing				•	n which the station is identifed. channel line-up.	
	1	CHANN	EL LINE-UP	AJ		
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	
			•			
			•			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3659 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Nama
CABLE ONE, IN	NC.				3659	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
_	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	Stations: With	respect to an	y distant station	s carried by your	cable system on a substitute program	Television
 basis under specifc FO Do not list the station 				ne Special Statem	ent and Program Log)—if the	
station was carried	•		ot it iii space i (ti	ie opeciai otatem	ioni and Frogram Log/—ii the	
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.						
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			•	,	tion for broadcasting over-the-air in	
			nannel 4 in Was	hington, D.C. This	s may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
educational station, by	entering the le	etter "N" (for n	etwork), "N-M"	(for network multi	cast), "I" (for independent), "I-M"	
` '	, .		, .	,	commercial educational multicast).	
For the meaning of the Column 4: If the st					es". If not, enter "No". For an ex-	
planation of local servi	ice area, see p	age (v) of the	general instruc	tions located in th	e paper SA3 form.	
-			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat						
For the retransmiss	sion of a distan	t multicast str	eam that is not	subject to a royalt	y payment because it is the subject	
_				•	stem or an association representing ary transmitter, enter the designa-	
_			•	• .	other basis, enter "O." For a further	
					ed in the paper SA3 form.	
					ty to which the station is licensed by the hy which the station is identifed.	
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	AL		_
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
						"
						"

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3659 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				3659	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
	nformation cond				tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov to be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	nannel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air in s may be different from the channel	
educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried to carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For	r entering the lecast), "E" (for nese terms, see ration is outside ice area, see pave entered "Yhe distant staticion on a part-ticsion of a distant entered into oa primary transsimulcasts, als	etter "N" (for no concommercial page (v) of the ethe local services" in column on during the me basis bect multicast strong or before Jumitter or an action of enter "E". If	network), "N-M" (all educational), on the general instruction 4, you must contaccounting periods of lack of a general instruction 4, you must contaccounting periods of lack of a general that is not successful to the sociation repressive you carried the	(for network multion "E-M" (for noncontions located in the distant"), enter "Y tions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable sy esenting the prima channel on any o	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designation that is the subject of	
Column 6: Give th	e location of ea Canadian statio	nch station. Fo	or U.S. stations, re the name of t	list the communit he community with	ed in the paper SA3 form. By to which the station is licensed by the hand hand hand hand hand hand hand hand	
		CHANN	EL LINE-UP	AN		
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	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				3659	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 981, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
substitute program ba	sis, as explaine	d in the next	paragraph.		cable system on a substitute program	Transmitters: Television
basis under specifc F0	CC rules, regul	ations, or auth	norizations:		ent and Program Log)—if the	
 station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. 						
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov to be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens on which your cable sy	se. For examply stem carried tl	e, WRC is Ch ne station.	nannel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air in s may be different from the channel ependent station, or a noncommercial	
educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local service Column 5: If you he cable system carried to carried the distant state. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	r entering the lecast), "E" (for nese terms, see ration is outside ice area, see pave entered "Yhe distant staticion on a part-tision of a distant entered into oa primary transsimulcasts, also ree categories e location of eacanadian static	etter "N" (for no concommercial page (v) of the ethe local services in column on during the me basis becat multicast strong or enter "E". If a see page (vach station. Foons, if any, givennel line-ups,	letwork), "N-M" (all educational), of the general instruction 4, you must contact accounting periodical earn that is not succeed that is not succeed the general of the general or U.S. stations, ye the name of the general contact accounting the general or U.S. stations, ye the name of the general contact accounting the general or U.S. stations, ye the name of the general contact accounts accounting the general or U.S. stations, ye the name of the general contact accounts accou	(for network multicor "E-M" (for noncertions located in the distant"), enter "Y tions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalt etween a cable system of the primary channel on any of instructions located list the community with space G for each	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. Sy to which the station is licensed by the h which the station is identifed.	
		CHANN	EL LINE-UP	AO		
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	

		I				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3659 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AP 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				3659	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	-	and (2) certain stations carried on a	Primary Transmitters:
substitute program bas Substitute Basis \$				s carried by your	cable system on a substitute program	Television
basis under specifc F0	_			C i-l Ct-t	and and Drawnan Law 15th a	
Do not list the station station was carried	•		st it in space I (tr	ne Special Statem	nent and Program Log)—if the	
• List the station here,	and also in spanformation con	ace I, if the st			itute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			·	·	tion for broadcasting over-the-air in	
its community of licens	se. For exampl	e, WRC is Ch	-		s may be different from the channel	
on which your cable sy Column 3: Indicate			station is a netwo	ork station, an ind	ependent station, or a noncommercial	
educational station, by	entering the le	etter "N" (for n	network), "N-M"	(for network multi	cast), "I" (for independent), "I-M"	
(for independent multi- For the meaning of the	, .		, .	,	commercial educational multicast).	
					es". If not, enter "No". For an ex-	
planation of local serv					e paper SA3 form. stating the basis on which your	
·			•	•	ntering "LAC" if your cable system	
carried the distant stat	•					
					y payment because it is the subject retem or an association representing	
the cable system and	a primary trans	mitter or an a	association repre	esenting the prima	ary transmitter, enter the designa-	
` '			•	•	other basis, enter "O." For a further ed in the paper SA3 form.	
					ty to which the station is licensed by the	
FCC. For Mexican or Onte: If you are utilizing				•	h which the station is identifed.	
Note. If you are utilizing		•	EL LINE-UP	•	т спаппетше-ир.	
	. 510407	T				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	NUMBER	STATION	` ′	(If Distant)		
				,		

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				3659	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
_				•	and (2) certain stations carried on a	Primary
substitute program bas						Transmitters:
basis under specifc FC				s carried by your	cable system on a substitute program	Television
 Do not list the station 	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.						
		•			es such as HBO, ESPN, etc. Identify ation. For example, report multi-	
cast stream as "WETA WETA-simulcast).	\-2". Simulcast	streams mus	st be reported in	column 1 (list eac	ch stream separately; for example tion for broadcasting over-the-air in	
its community of licens on which your cable sy	se. For examply stem carried tl	e, WRC is Ch ne station.	nannel 4 in Was	hington, D.C. This	ependent station, or a noncommercial	
educational station, by	entering the le	etter "N" (for n	etwork), "N-M"	(for network multic	cast), "I" (for independent), "I-M"	
(for independent multi- For the meaning of the					commercial educational multicast).	
					es". If not, enter "No". For an ex-	
planation of local servi						
_			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	ion on a part-ti	me basis bed	ause of lack of a	activated channel	capacity.	
					y payment because it is the subject	
•				•	stem or an association representing ary transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ther basis, enter "O." For a further	
					ed in the paper SA3 form. by to which the station is licensed by the	
					h which the station is identifed.	
Note: If you are utilizing						
		CHANN	EL LINE-UP	AR		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1
SIGN	CHANNEL		(Yes or No)	CARRIAGE	o. Egg/mon of gr/mon	
	NUMBER	STATION	, ,	(If Distant)		

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						•
						1

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3659 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AS 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OW	NER OF CABLE S	YSTEM:			SYSTEM ID#	
CABLE ONE, I	NC.				3659	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 7	6.61(e)(2) and	(4), or 76.63 (referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:
substitute program ba Substitute Basis				s carried by your	cable system on a substitute program	Television
basis under specifc F	_			0 1 0 1		
Do not list the statio station was carried	•		st it in space I (th	ne Special Statem	ent and Program Log)—if the	
• List the station here	, and also in spa nformation con	ace I, if the st			tute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).			•	,	tion for broadcasting over-the-air in	
its community of licen	se. For exampl	e, WRC is Ch	-		s may be different from the channel	
on which your cable s	•		tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M"	
(for independent mult For the meaning of the	, .		, .	,	commercial educational multicast).	
					es". If not, enter "No". For an ex-	
planation of local serv						
			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant sta		•	• •	•	, ,	
					y payment because it is the subject	
•				•	stem or an association representing ary transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any c	ther basis, enter "O." For a further	
					ed in the paper SA3 form. by to which the station is licensed by the	
					h which the station is identifed.	
Note: If you are utilizi	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
	_	CHANN	EL LINE-UP	AT		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		

LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SYSTEM ID#	
CABLE ONE, INC.				3659	Name
PRIMARY TRANSMITTERS: TELE	VISION				
carried by your cable system duri FCC rules and regulations in effe	ng the accounting ct on June 24, 19	g period, except 981, permitting the	(1) stations carrie he carriage of cer	. • .	G
substitute program basis, as expl	ained in the next	paragraph.	· // / / / // // // // // // // // // //	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
 basis under specifc FCC rules, re Do not list the station here in sp station was carried only on a s 	ace G—but do lis		ne Special Statem	ent and Program Log)—if the	
	•			itute basis and also on some other of the general instructions located	
each multicast stream associated cast stream as "WETA-2". Simulo WETA-simulcast).	d with a station accast streams mus	ccording to its over the teported in	ver-the-air designa column 1 (list eac	ch stream separately; for example	
its community of license. For exa on which your cable system carrie	mple, WRC is Ched the station.	nannel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air in s may be different from the channel	
on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-					
explanation of these three categor	ories, see page (vole) of each station. For tations, if any, give) of the general or U.S. stations, ve the name of t	instructions locate list the communit he community with	ty to which the station is licensed by the hy which the station is identifed.	
	CHANN	EL LINE-UP	AU		
1. CALL 2. B'CAST SIGN CHANN NUMBE	IEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3659 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	NC.				3659	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting the	(1) stations carrience (1)	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba	sis, as explaine	d in the next	paragraph.	· / / / / / / / / / / / / / / / / / / /	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
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.						
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit \-2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
its community of licens on which your cable sy	se. For exampleystem carried th	e, WRC is Ch ne station.	annel 4 in Was	hington, D.C. This	tion for broadcasting over-the-air in s may be different from the channel	
on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing						
tion "E" (exempt). For explanation of these th Column 6: Give th	simulcasts, als nree categories e location of ea Canadian statio	o enter "E". If , see page (v ach station. Fo ons, if any, giv	you carried the of the general or U.S. stations, we the name of the state of the st	channel on any o instructions locate list the communit he community with	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
	.gp.c cc	•	EL LINE-UP	•		
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	
				(ii = i = i = i = i = i		
				•		

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 3659 CABLE ONE, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2019/2

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#	
CABLE ONE, INC.						3659	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	 3			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under sp	ecific present and former FO	CC rules, regu	ılations, or authorizatio	ns. For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant state	-	ır cable systen	n carry, on a substitute bas	sis, any nonne	· •	am X No	Special Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	ust complete the prog	ram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, cation. Do not ucy" or "NE m was broad sign of the stadcast stationadian station and day we "5/7." es when the Example: a er "R" if the and regulation of the stand regulation of the state of the stand regulation of the stand re	am on a separa attach addition nnetwork televion and that your authorization of use general BA Basketball: deast live, enterstation broadcon's location (tons, if any, the when your system of a program carrolisted program ons in effect desired additional	nal pages. vision program (substitute pour cable system substitute for cable system substitute for see page (vi) of the generategories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "I asting the substitute prograte community to which the community with which the stem carried the substitute or sorried by your fied by a system from 6:01: In was substituted for prograturing the accounting perior	orogram) that ed for the pro- neral instruction "basketball" No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le	ensed by the FCC or, entified). In List the times accurate numerals, with the manual state of the property of	g station per n n n nonth tely red	
S	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
					_		
					<u> </u>		
					<u> </u>		
					<u> </u>		

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 3659 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

	IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
CA	BLE ONE, INC.		3659	
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmissio	on service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	¢	577,652.56	
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gr	·	
InstruConConIf yo fee tIf yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: hplete block 1, showing your minimum fee. hplete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the and from block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on line	l of	
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e	entered on line 2 i	n block	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on	line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K			
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.			
	This is your minimum fee.	\$	6,146.22	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and control of the property	nn 4, you must cho	eck	
Block 3	Line 1. BASE RATE FEE: 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	\$	-	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	6,146.22	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: 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.		0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	6,871.22	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the)	auditional 1865.

ACCOUNTING PERIOD: 2019/2
FORM SA3E. PAGE 8.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CABLE ONE, INC.	3659							
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
	Enter the total number of channels on which the cable system carried television broadcast stations								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364-6195								
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)								
	PHOENIX, AZ 85012-2626 (City, town, state, zip)								
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013								
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.	em							
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
	X /s/ Raymond Storck								
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	"F2"							
	Typed or printed name: RAYMOND STORCK								
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)								
	Date: February 28, 2020								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

U.S. Copyright Office
Form SA3E Long Form (Rev. 05-17)

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
CABLE ONE, INC. 3659	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period	
ID number	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2019/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
I	CABLE ONE, INC. 36							
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	0.00						
2 Computation of DSEs for	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-							
Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as								
necessary. Remember to copy all formula into new rows.								

			=
	I		

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Name	CABLE ONE, INC. SYSTEM ID# 3659								
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: For figure should corre Column 3: For Column 4: Div be carried out at le Column 5: For give the type-value Column 6: Mu	e call sign of all distant and each station, give the espond with the information of the each station, give the each station, give the each the figure in column as to the third decimal each independent see as ".25."	ne number of hours mation given in spane total number of lumber of lumn 2 by the figure hal point. This is the tation, give the "typumn 4 by the figure	s your cable syste ace J. Calculate on ours that the state in column 3, and e "basis of carriage oe-value" as "1.0."	m carried the stationly one DSE for eation broadcast overgive the result in dopen the state of t	on during the accounting ach station. r the air during the accounce in the accounting the account account to the account the	unting period. is figure must cational station, ess than the		
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3. N IRS C D BY S	IUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	E	
			÷			x x	=		
			÷ ÷		=	x	=		
			÷		=	x x	=		
			÷		=	x	=		
			÷			x x	=		
	Add the DSEs of ea	CATEGORY LAC South station. ere and in line 2 of page		le,	▶	0.00			
Computation of DSEs for Substitute-Basis Stations	 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). 								
		SU	BSTITUTE-BAS	SIS STATION	S: COMPUTA	TION OF DSEs			
	SIGN	NUMBER DF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		-		=		÷		=	
		÷		=		÷		=	
		÷		=		÷		=	
		÷		= =		÷÷		= =	
	Add the DSEs of ea	SUBSTITUTE-BASI sich station. ere and in line 3 of pa		le,	▶	0.00			
5		F DSEs: Give the ame		s in parts 2, 3, and	4 of this schedule	and add them to provide	the total		
Total Number	1. Number of DSI	•					0.00		
of DSEs							0.00		
	3. Number of DSI	∟s nom part 4 ♥					<u> </u>	,	
	TOTAL NUMBER OF	F DSEs		2222		<u> </u>		0.00	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/2

LEGAL NAME OF O	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#	
CABLE ONE, I	NC.							3659	Name
Instructions: Block In block A:	•								6
 If your answer if 'schedule. 	"Yes," leave the re	emainder of pa	art 6 and part 7	of the DSE sched	dule blank and	l complete part	8, (page 16) of th	е	0
• If your answer if	"No," complete blo			TELEVIOLONI NA	ADVETO				Computation of
le the coble evetor	m located whelly a			ELEVISION M		ation 76 F of FC	C rules and regul	lations in	3.75 Fee
Is the cable syster effect on June 24, Yes—Com			•				C rules and regul	iations in	
X No—Comp	olete blocks B and	C below.							
		BI O	CK B: CARR	IAGE OF PERI	MITTED DS				
Column 1: CALL SIGN	under FCC rules	of distant sta and regulation of DSE Scheo	ations listed in pons prior to Jundule. (Note: The	part 2, 3, and 4 of the 25, 1981. For fulle letter M below re	this schedule the	that your syste	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rule) A Stations carried 76.61(b)(c)] B Specialty station C Noncommerical D Grandfathered instructions for E Carried pursuants.*	les and reguled pursuant to as defined al educational station (76.6 or DSE schedunt to individuviously carries	ations cited be to the FCC marked in 76.5(kk) (76.5) station [76.59 colors by the colo	e or substitute bas ontour, [76.59(d)(5	se in effect on 5.57, 76.59(b), (c)(1), 76.63(a) (3(a) referring estitution of gradius prior to Jun	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta	5.63(a) referring to		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		Е	BLOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	oart 5 of this s	schedule					
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve				-	
Line 3: Subtract (If zero, le	line 2 from line 1 eave lines 4–7 bl			•		ate.		0.00	
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	ınd enter su	m here				×		partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3					-	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

				TE FEES FOR EAC				
201414		SUBSCRIBER GRO				SUBSCRIBER GRO		
COMMUNITY/ AREA			U	O COMMUNITY/ AREA		COMMUNITY/ AREA 0		9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndica
		-						Exclusiv
								Surchar
								for
								Partiall
								Distan Station
								Giation
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
1033 Receipts First	Эгоар	Ψ	0.00	Oross Neccipis Gec	она Отоар	Ψ	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA				TT .				
			0	COMMUNITY/ ARE	4		0	
			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	O DSE	
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CALL SIGN		CALL SIGN				CALL SIGN		
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otal DSEs	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE		DSE	CALL SIGN Total DSEs	DSE		DSE	
otal DSEs Foross Receipts Third	Group	\$	DSE	Total DSEs Gross Receipts Fou	DSE	\$	DSE 0.00 0.00	
otal DSEs	Group		DSE	CALL SIGN Total DSEs	DSE		DSE	
otal DSEs ross Receipts Third	Group	\$	DSE	Total DSEs Gross Receipts Fou	DSE	\$	DSE 0.00 0.00	
otal DSEs ross Receipts Third ase Rate Fee Third	Group	\$	DSE 0.00 0.00 0.00	Total DSEs Gross Receipts Fou	rth Group	\$	DSE 0.00 0.00	

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate CALL SIGN	Total DSEs Gross Receipts First Group Base Rate Fee First Group \$ SEVENTH SUB COMMUNITY/ AREA	CALL SIGN	DSE DSE 0 0 0 0 0 0 0 0 0 0	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Seco	DSE Ond Group	CALL SIGN SUBSCRIBER GROUP CALL SIGN S S	0.00 0.00	Computation of Base Rate Fand Syndicate Exclusivit Surcharge for Partially Distant Stations
CALL SIGN DSE	CALL SIGN DSE C. CALL SIGN DSE C. Total DSEs Gross Receipts First Group \$ SEVENTH SUB COMMUNITY/ AREA	CALL SIGN	0 DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Total DSEs Gross Receipts Seco	DSE	CALL SIGN	0.00 0.00	Computation of Base Rate Fand Syndicate Exclusivit Surcharge for Partially Distant
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate CALL SIGN	CALL SIGN DSE C. CALL SIGN DS		DSE 0.00 0.00 0.00	Total DSEs Gross Receipts Seco	DSE	\$	0.00 0.00	Computation of Base Rate Fand Syndicate Exclusivit Surcharge for Partially Distant
CALL SIGN DSE	Total DSEs Gross Receipts First Group \$ SEVENTH SUB COMMUNITY/ AREA		0.00 0.00 0.00	Total DSEs Gross Receipts Seco	and Group	\$	0.00	of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant
An	Gross Receipts First Group \$ Base Rate Fee First Group \$ SEVENTH SUB COMMUNITY/ AREA	BSCRIBER GROUP	0.00 0.00	Gross Receipts Seco	·		0.00	and Syndicate Exclusivit Surcharge for Partially Distant
Syndic Exclusion Syndic Exclusion Syndic Exclusion Statistics	Gross Receipts First Group \$ Base Rate Fee First Group \$ SEVENTH SUB COMMUNITY/ AREA	BSCRIBER GROUP	0.00 0.00	Gross Receipts Seco	·		0.00	Syndicate Exclusivit Surcharge for Partially Distant
	Gross Receipts First Group \$ Base Rate Fee First Group \$ SEVENTH SUB COMMUNITY/ AREA	BSCRIBER GROUP	0.00 0.00	Gross Receipts Seco	·		0.00	Exclusivit Surcharge for Partially Distant
Surch for the state of the stat	Gross Receipts First Group \$ Base Rate Fee First Group \$ SEVENTH SUB COMMUNITY/ AREA	BSCRIBER GROUP	0.00 0.00	Gross Receipts Seco	·		0.00	Surcharge for Partially Distant
Total DSEs O.00 Seventh Subscriber Group Seventh Subscriber Group CALL SIGN DSE CALL SIG	Seventh Subcommunity/ AREA	BSCRIBER GROUP	0.00 0.00	Gross Receipts Seco	·		0.00	for Partially Distant
Seventh Subscriber Group Seventh Subscriber Group Seventh Subscriber Group Seventh Subscriber Group CALL Sign DSE CALL S	Seventh Subscending Seventh Sevent	BSCRIBER GROUP	0.00 0.00	Gross Receipts Seco	·		0.00	Distant
Statistics of the control of the con	Seventh Subscending Seventh Sevent	BSCRIBER GROUP	0.00 0.00	Gross Receipts Seco	·		0.00	
Total DSEs October Secretary Secret	Seventh Subscending Seventh Sevent	BSCRIBER GROUP	0.00 0.00	Gross Receipts Seco	·		0.00	Stations
Gross Receipts First Group Sase Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Gross Receipts First Group \$ Base Rate Fee First Group \$ SEVENTH SUB COMMUNITY/ AREA	BSCRIBER GROUP	0.00 0.00	Gross Receipts Seco	·		0.00	
Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Gross Receipts First Group \$ Base Rate Fee First Group \$ SEVENTH SUB COMMUNITY/ AREA	BSCRIBER GROUP	0.00 0.00	Gross Receipts Seco	·		0.00	
Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Gross Receipts First Group \$ Base Rate Fee First Group \$ SEVENTH SUB COMMUNITY/ AREA	BSCRIBER GROUP	0.00 0.00	Gross Receipts Seco	·		0.00	
Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Gross Receipts First Group \$ Base Rate Fee First Group \$ SEVENTH SUB COMMUNITY/ AREA	BSCRIBER GROUP	0.00 0.00	Gross Receipts Seco	·		0.00	
Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Gross Receipts First Group \$ Base Rate Fee First Group \$ SEVENTH SUB COMMUNITY/ AREA	BSCRIBER GROUF	0.00 0.00	Gross Receipts Seco	·		0.00	
Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Gross Receipts First Group \$ Base Rate Fee First Group \$ SEVENTH SUB COMMUNITY/ AREA	BSCRIBER GROUF	0.00 0.00	Gross Receipts Seco	·		0.00	
Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL	SEVENTH SUB	BSCRIBER GROUF	0.00		·			
SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE	SEVENTH SUB	BSCRIBER GROUF	P	Base Rate Fee Seco	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CA	COMMUNITY/ AREA	BSCRIBER GROUP						
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CA	COMMUNITY/ AREA	DOCKIDER GROOM		 	FIGUTU			
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN				ICOMMUNITY/ AREA		SUBSCRIBER GROUP		
Total DSEs 0.00 Total DSEs 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN DSE C			COMMONT IT AREA				
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00								
	Total DSEs		0.00	Total DSEs			0.00	
	Gross Receipts Third Group \$		0.00	Gross Receipts Fourt	th Group	\$	0.00	
	,				- ~[-	-		
Rasa Rata Faa Third Group 16 A AA I IIRasa Pata Faa Fourth Group 16 A AA I I	Base Rate Fee Third Group \$		J	11				
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Jase Nate Fee Hill Gloup		0.00	Rase Pate Foo Fourt	th Group	¢	$\mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U}$	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	3659	Name
ВІ	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GROU	Р		TENTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.070	202	07.22 0.01.			202	0.122 0.011	302	Base Rate Fee
								and
***************************************								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
EL	EVENTH	SUBSCRIBER GROU	Р		TWELVTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							0	

Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, s _l	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

	D			TE FEES FOR EACH				
9	FOURTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0					SUBSCRIBER GROU	IEENIH	I HIN COMMUNITY/ AREA
Computa	T DOE	I CALL CION	I DOE I	CALL CICAL	I DOE	T CALL CION	DOE I	CALL CION
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
Syndica								
Exclusiv								
Surchar			_					
for							_	
Partial								
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	P	SUBSCRIBER GROUI	IXTEENTH	S	IP	SUBSCRIBER GROU	TEENTH	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
	0.00	•	Croup			•	.aus	
	0.00	\$	Group	Gross Receipts Fourth	0.00	Ψ	oup	Bross Receipts Third G

					: = -							
	ID			TE FEES FOR EACI								
9						<u> </u>		EIGHTEENTH SUBSCRIBER		0		OMMUNITY/ AREA
Computa	COMMUNITY/ AREA			COMMONT IT AREA				COMMUNITY AREA				
of	CALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
Base Rate												
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Exclusi												
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Partia												
Dista												
Statio												
	0.00			Total DSEs	0.00			otal DSEs				
		•	d Ossus			•	2					
	0.00	\$	ia Group	Gross Receipts Seco	0.00	\$	- roup	ross Receipts First G				
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	Group	ase Rate Fee First G				
	IP	SUBSCRIBER GROU	WENTIETH	-	UP	SUBSCRIBER GROU	IINTEENTH	NI				
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA				
	0			it .	0			OMMUNITY/ AREA				
	DSE	CALL SIGN	DSE	it .	0 DSE	CALL SIGN	DSE					
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN						
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN						
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN						
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN						
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN						
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN						
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN						
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN						
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN						
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN		CALL SIGN				
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN						
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN						
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN						
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN		CALL SIGN				
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
	DSE			CALL SIGN CALL SIGN Total DSEs	0.00		DSE	CALL SIGN				
	DSE		n Group	CALL SIGN CALL SIGN Total DSEs	0.00		DSE	CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G				

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S\ 	7STEM ID# 3659	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU	TT TT			SUBSCRIBER GROUI	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
						—		0
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup.	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	•	SUBSCRIBER GROU				SUBSCRIBER GROUI		
COMMUNITY/ AREA	11-11IIKD	SOBSCRIBER GROU	0	COMMUNITY/ AREA	1-1 001(111	SOBSCRIBER GROOT	0	
COMMONIT I/ AREA			<u> </u>	COMMONT 1/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u> </u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
	rF				 -			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
or hore and in block	J, III O 1, 3	paco = (pago 1)				*		

		BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE CALL SIGN DSE		CALL SIGN	DSE	CALL SIGN	
Base Rate		G. 1.22 G. G. 1	202	07.22 0.01.	202	0.122 0.011	202	0.122 0.011
and								
Syndica								
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for							-	
Partial Distar							-	
Station								
Otatioi								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oun	ross Receipts First Gro
		<u>*</u>	a Oloup	Cross Resempte Sessifi		<u> </u>	oup	roos resorpto i mot en
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	P	SUBSCRIBER GROU	Y-EIGHTH	TWEN.	JP	SUBSCRIBER GROL	SEVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
	····							
	0.00_			Total DSEs	0.00_			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	
		\$			0.00	\$ \$		Total DSEs Gross Receipts Third Gr

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				TE FEES FOR EACH				
9	THIRTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0					SUBSCRIBER GROU		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	CALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate								
Exclusivit Surcharg								
for								
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Distant								
Stations								
1								
	0.00			Total DSEs	0.00			Total DSEs
	\$ 0.00		d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Basa Bata Faa Sasar	0.00			
				Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
1	JP	SUBSCRIBER GROU				SUBSCRIBER GROU		
=	JP 0	SUBSCRIBER GROU					IRTY-FIRST	THIF
		SUBSCRIBER GROU		THIRT	JP		IRTY-FIRST	THIF
=		SUBSCRIBER GROU		THIRT	JP		IRTY-FIRST	THIF
	0		Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	IRTY-FIRST	COMMUNITY/ AREA
	0		Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	IRTY-FIRST	THIF
	0		Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	IRTY-FIRST	THIF
	0		Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	IRTY-FIRST	THIF
	0		Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	IRTY-FIRST	THIF
	0		Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	IRTY-FIRST	THIF
	0		Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	IRTY-FIRST	THIF
	0		Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	IRTY-FIRST	THIF
	0		Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	IRTY-FIRST	THIF
	0		Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	IRTY-FIRST	THIF
	0		Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	IRTY-FIRST	THIF
	0		Y-SECOND	THIRT	JP 0	SUBSCRIBER GROU	IRTY-FIRST	THIF
	DSE		Y-SECOND	THIRT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	IRTY-FIRST	THIE COMMUNITY/ AREA
	DSE	CALL SIGN	Y-SECOND DSE	THIRT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	THIE COMMUNITY/ AREA CALL SIGN Fotal DSEs
	DSE		Y-SECOND DSE	THIRT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	THIF
	DSE	CALL SIGN	Y-SECOND DSE	THIRT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE Group	THIE COMMUNITY/ AREA CALL SIGN Total DSEs

CABLE ONE, IN	.						3659	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		 		SUBSCRIBER GRO	UP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE		of
								Base Rate I
								and
								Syndicate
								Exclusivit Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	•				·			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TI	HIRTY-FIFTH	SUBSCRIBER GRO	DUP	T T	HIRTY-SIXTH	1 SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		II						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	 s	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		[*	0.00				0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	s above.			

LEGAL NAME OF OWN							3659	Name
				TE FEES FOR EAC				
THIRT	-SEVENTH	SUBSCRIBER GRO	UP	TH	IRTY-EIGHTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA 0		9 Computatio		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Fotol DOF -			0.00	Total DOE			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	\$ 0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THI	RTY-NINTH	SUBSCRIBER GRO	DUP		FORTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
Base Rate Fee: Add	the base ra	te tees for each subs	criber aroun	as shown in the hove	sabove			

SIGN DSE CALL SIGN DSE Base Rate and Syndical Exclusiful Surchar for Partial Distar Station SES 0.00 Receipts Second Group \$ 0.00 FORTY-FOURTH SUBSCRIBER GROUP	FORTY-SECONE		COMPUTATION OF SUBSCRIBER GROUND CALL SIGN		
UNITY/ AREA SIGN DSE CALL SIGN DSE Base Rat and Syndica Exclusi Surcha for Partia Distar Station SES O.00 Receipts Second Group FORTY-FOURTH SUBSCRIBER GROUP	MMUNITY/ AREA ALL SIGN DSE ALL SIGN DSE	DSE			COMMUNITY/ AREA
SIGN DSE CALL SIGN DSE Base Rat and Syndica Exclusi Surcha for Partia Distar Station SES 0.00 Receipts Second Group \$ 0.00 FORTY-FOURTH SUBSCRIBER GROUP	al DSEs		CALL SIGN	DSE	CALL SIGN
Base Rate and Syndica Exclusiv Surchar for Partial Distar Statior SES 0.00 Receipts Second Group \$ 0.00 FORTY-FOURTH SUBSCRIBER GROUP	al DSEs				
Syndica Exclusive Surchar for Partial Distar Station SES O.00 \$ Ceceipts Second Group \$ 0.000 TORTY-FOURTH SUBSCRIBER GROUP		0.00			
Surchar for Partiall Distant Station SES 0.00 Receipts Second Group \$ 0.00 ate Fee Second Group \$ 0.00		0.00			
Partiall Distant Station SES 0.00 Receipts Second Group \$ 0.00 ate Fee Second Group \$ 0.00 FORTY-FOURTH SUBSCRIBER GROUP		0.00			
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ate Fee Second Group \$ 0.00 FORTY-FOURTH SUBSCRIBER GROUP	ss Receipts Second Group	0.00			otal DSEs
FORTY-FOURTH SUBSCRIBER GROUP		0.00	\$	roup	ross Receipts First Gr
	e Rate Fee Second Group	0.00	\$	roup	ase Rate Fee First Gro
JNITY/ AREA0	FORTY-FOURTH	JP	SUBSCRIBER GROU	TY-THIRD	FOR1
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SIGN DSE CALL SIGN DSE	ALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN
<u> </u>					
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SEs	al DSEs	0.00			otal DSEs
Receipts Fourth Group \$ 0.00	ss Receipts Fourth Group	0.00	\$	Group	ross Receipts Third G
ate Fee Fourth Group \$ 0.00	e Rate Fee Fourth Group	0.00	\$	Group	a se Rate Fee Third G
ψ 0.00	- Hate I do I dailii didap	0.00	[*		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 3659								Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR	TY-FIFTH	SUBSCRIBER GROU	JP	FOR	RTY-SIXTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
	<mark></mark>							Partially
	······································							Distant
								Stations
			• • •				1 2 2 2	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FORTY-S	SEVENTH	SUBSCRIBER GROU	JP	FORT	Y-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	roup		0.00	Gross Receipts Fourth	Group	\$	0.00	
	r r					<u> </u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		
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LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 3659								Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ ARE	A		0	COMMUNITY/ AREA	A		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivition Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIFTY-FIRST	SUBSCRIBER GRO	UP	FIF	TY-SECOND	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	A		0	COMMUNITY/ ARE/	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
- p	r				- r	-		
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
ase Rate Fee: Add	d the base ra t	te fees for each subs	criber group	as shown in the boxes	above.			

	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU			
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndica			-						
Exclusi			-						
Surcha									
for									
Partial Distar									
Station									
Otalio.									
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr	
						- Clock			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	Base Rate Fee First Group \$ 0.00			
	P	SUBSCRIBER GROU	FTY-SIXTH	FI	IP	SUBSCRIBER GROU	TY-FIFTH	FIF	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
			-				-		
			-						
	0.00_			Total DSEs	0.00			otal DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup		
		\$			0.00	\$ \$	·	Fotal DSEs Gross Receipts Third Gr	

		BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU			
9	0	SUBSCRIBER GROU	Y-EIGHTH (COMMUNITY/ AREA	0	SUBSCRIBER GROC	DEVENIA	COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate	702	O/ILL GIGIT	562	ONEE CICIT	562	CALL CICIT	562	CALL GIGH	
and									
Syndica									
Exclusiv									
Surcha for									
Partial									
Distar									
Station									
	0.00	•		Total DSEs	0.00			otal DSEs	
	0.00	¢	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00			
	0.00	\$	и Отоир	Gross Receipts Secon	0.00	5 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro	
	Р	SUBSCRIBER GROU	SIXTIETH		IP	SUBSCRIBER GROU	Y-NINTH	FIFT	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
							-		
			_						
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G	
	1 1	Ī		11					

				TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU			
9	0	SUBSCRIBER GROU	SECOND (COMMUNITY/ AREA	0	SUBSCRIBER GROC	I I-FIKOI	COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndica									
Exclusi						-			
Surcha									
for Partial									
Distar									
Statio									
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	Base Rate Fee First Group \$ 0.00			
	Р	SUBSCRIBER GROU	/-FOURTH	SIXT	Р	SUBSCRIBER GROU	Y-THIRD	SIXT	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G	
		i e							

				TE FEES FOR EACH					
9	0	SUBSCRIBER GROU	(TY-SIXTH)	COMMUNITY/ AREA	0	SUBSCRIBER GROU	I Y-FIF I H	COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate	502	CALL CICIA	502	ONLE GIGIN	562	CALL CICIT	562	CALL GIGIT	
and									
Syndica									
Exclusiv									
Surchar for									
Partial									
Distar						-			
Station									
	0.00	•		Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00			
			·	·		· · · · · · · · · · · · · · · · · · ·			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro	
	Р	SUBSCRIBER GROU	Y-EIGHTH	SIXT	IP	SUBSCRIBER GROU	SEVENTH	SIXTY-S	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr	
		\$		Gross Receipts Fourth Base Rate Fee Fourth		\$		Gross Receipts Third Gr Base Rate Fee Third Gr	

	CABLE ONE, INC.								
1				TE FEES FOR EACH					
•	Р	SUBSCRIBER GROU	VENTIETH	S		SUBSCRIBER GRO	TY-NINTH	SIX	
9 Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate I									
and									
Syndicate Exclusivit									
Surcharg									
for									
Partially									
Distant									
Stations									
			<u></u>				···		
"									
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-									
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Seco	0.00	Gross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	Base Rate Fee First Group \$ 0.00			
]	Р	SUBSCRIBER GROU	Y-SECOND	SEVENT	UP	SUBSCRIBER GRO	TY-FIRST	SEVEN	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
<u> </u>	DSE	П							
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE			CALL SIGN	DSE		
	0.00	CALL SIGN		Total DSEs	0.00	CALL SIGN		Fotal DSEs	
		\$				CALL SIGN		Total DSEs	
	0.00		n Group	Total DSEs	0.00		Group	CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G Base Rate Fee Third G	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 3659								Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SEV	ENTY-THIRD	SUBSCRIBER GRO	DUP	SEVE	NTY-FOURTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate Exclusivi
								Surcharg
								for
								Partially
								Distant Stations
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Sec	and Craun		0.00	
sioss Receipts First Group				Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Sec	ond Group	\$	0.00	
SEV	'ENTY-FIFTH	SUBSCRIBER GRO	UP	SE\	/ENTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
ase Rate Fee: Add	d the base ra t	te fees for each subs	criber group	as shown in the boxes	s above.			
nter here and in block 3, line 1, space L (page 7)			- '			¢		

	+								
		BER GROUP SUBSCRIBER GROUI		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU			
9	0		T-EIOITIT (COMMUNITY/ AREA	0			COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate	302	CALL CICH	302	ONEE GIGHT	562	07.22 0.011	202	0,122 0,011	
and									
Syndica			_						
Exclusiv									
Surchar						-			
for			_						
Partial Distan									
Station									
			_						
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	Sase Rate Fee First Group \$ 0.00			
	Р	SUBSCRIBER GROU	IGHTIETH :	I	IP	SUBSCRIBER GROU	Y-NINTH	SEVENT	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
							-		
			_				-		
							_		
			_						
			_						
			_						
	0.00	•		Total DSEs	0.00			otal DSEs	
	0.00								
		•	Group	Gross Possints Fourth		¢	roup		
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 3659								Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oss Receipts First Group \$ 0.00		0.00	Gross Receipts Secor	nd Group	\$	0.00	
, , , , , , , , , , , , , , , , , , , ,								
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
EIGH'	TY-THIRD	SUBSCRIBER GRO	JP	EIGHT	Y-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroun	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Cross Receipts Tilliu G	ισαρ	Ψ	<u> </u>	TOSS NECEIPIS FOUILI	ι Οισαρ	Ψ	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	II as shown in the boxes a	above.	\$		

Computa of Base Rate and Syndica Exclusiv Surchai	JP 0	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BI	
Computa of Base Rate and Syndica Exclusiv Surchal		PORPORIRER GROOT	- 1 Y-SIX I H	-· -	ID	CLIDOODIDED ODG:	CV	E:0:::	
of Base Rate and Syndica Exclusiv Surchal		COMMUNITY/ AREA 0				SUBSCRIBER GROU	I Y-FIF I H	COMMUNITY/ AREA	
Base Rate and Syndica Exclusiv Surchal	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Syndica Exclusiv Surchar	502	CALL SIGH	562	CALL CICIT	562	ONEE GIGIT	502	CALL GIGH	
Exclusi Surcha for									
Surcha for									
for			-						
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Distar			-			-			
Station									
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	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	Base Rate Fee First Group \$ 0.00			
	JP	SUBSCRIBER GROU	Y-EIGHTH	EIGH'	IP	SUBSCRIBER GROL	EVENTH	EIGHTY-S	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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			-						
			-						
]			-						
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third G	
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	oup	Base Rate Fee Third G	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 3659							Name	
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH [*]	TY-NINTH	SUBSCRIBER GROU	JP		NINTIETH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
			<u> </u>		<u> </u>			Distant
			<u> </u>					Stations
			• • •				1 2 2 2	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GROU	JP	NINET	Y-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>		_	
							_	
			<u> </u>		<u> </u>			
Total DSEs	-		0.00	Total DSEs	_		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
,	•				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
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LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 3659	Name
				TE FEES FOR EACH				
	TY-THIRD	SUBSCRIBER GROU		 		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
	<mark></mark>							
Total DSEs		0.00		Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	•	\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA	I Y-FIF I H	SUBSCRIBER GROU	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GROU	0	
OOMMONT IT TAKEN	***************************************			I TO WIND THE TAX TO T				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	3659	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINETY-S	SEVENTH	SUBSCRIBER GROU	JP	NINE	Y-EIGHTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
			<u> </u>					Stations
								Gtations
Total DSEs	SEs			Total DSEs			0.00	
Gross Receipts First Gr	s Receipts First Group \$		0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GROU	JP	ONE HU	NDREDTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
							<u> </u>	
		II.	• • •					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
.			2.25				2.25	
Base Rate Fee Third G	roup		0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	oove.	\$		
Emor here and in block	o, iii ic 1, 5	pace = (page 1)				Ψ		

				TE FEES FOR EACH				
9		ONE HUNDRED SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				SUBSCRIBER GROL	DFIRST	ONE HUNDRE COMMUNITY/ AREA
Computa				OOMMONT IT THE	0			SOMMOTHT 17 AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv Surchar								
for								
Partiall								
Distan								
Station								
	······							
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	s Receipts First Group \$	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	IP	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	cross Receipts Third G

	D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	SUBSCRIBER GROU	COMMUNITY/ AREA	0	SUBSCRIBER GROU		COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	CALL SIGIV	DOL	CALL SIGN
and								
Syndica								
Exclusiv								
Surchar								
for								
Partiali Distan								
Station								
Otation							-	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	IP	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
							_	
	0.00	•		Total DSEs	0.00			otal DSEs
	0.00	¢	Group	Gross Recaints Fourth	በ በበ	\$	roup	Gross Receipts Third Co
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

Name								CABLE ONE, INC.
				TE FEES FOR EACH				
9	0	ONE HUNDRED TENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				SUBSCRIBER GROU	D NINTH	ONE HUNDRE COMMUNITY/ AREA
Computa								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv								
Surchar for								
Partial								
Distar								
Station								
	0.00			Tatal DOF	0.00		<u> </u>	atal DOF
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	P	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	IP	SUBSCRIBER GROU	.EVENTH	ONE HUNDRED EL
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00		<u>'</u>	Total DSEs	0.00			otal DSEs
			_	Gross Receipts Fourth	0.00	¢	COLID	Bross Receipts Third Gr
	በ በበ	\$	Group	CANADA NECERNA FUUIII	v.uu	w		
	0.00	\$	Group				oup	51055 Receipts Third Gi

LEGAL NAME OF OWNEF CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SY	3659	Name
В	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIS	RTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED FOL	JRTEENTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIR	TEENTH	SUBSCRIBER GROU	P	ONE HUNDRED S	IXTEENTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u> </u>	0.00	Gross Receipts Fourth	Group	<u> </u>	0.00	
The state of the s	F							
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes al	oove.	\$		

CABLE ONE, INC		LE STSTEIVI:					SYSTEM ID# 3659	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED SEV	'ENTEENTH	I SUBSCRIBER GRO	UP	ONE HUNDRED I	EIGHTEENTH	SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA	IUNITY/ AREA O COMMUNITY/ AREA O				0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
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Total DSEs	•		0.00	Total DSEs	•		0.00	
	Croun	<u> </u>			and Craun	•		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	NINTEENTH	I SUBSCRIBER GRO)UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
			criber group	as shown in the boxes	s above.			
Enter here and in blo	ск З, line 1,	space ∟ (page 7)				\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:					3659	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEE	NTY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED TWENT	TY-SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs	DSEs			Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWEN	NTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	¢	0.00	Base Rate Fee Fourth	Group	¢	0.00	
Dasc Nate I ee IIIII G	ισαρ	14	0.00	Dasc Nate I 66 Foulth	Οισαρ	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		
		- ,						

	+		01.5		B - C = -	0011-1	00:	
		SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA			BI ONE HUNDRED TWEN
9 Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Bross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	TY-EIGHTH :	ONE HUNDRED TWEN		SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
						-		
	0.00			Total DSEs	0.00			otal DSEs
				Total DOLS	0.00			otal DOLS
		•	0	O D	0.00	•		Name Describe Till 10
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Bross Receipts Third G

	+	חבר כיייי	CLIDOOD	TE EEEO EOO E 4 O :	. D v O C . D v		0014 4 4	5.
		SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA			ONE HUNDRED TWEN
9 Computa	0	1			0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	202	0.122 0.011	332	07.22 0.01.	202	07.22 0.011	202	0 0.0
and								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$		Base Rate Fee Secon	0.00	\$		ase Rate Fee First Gro
		SUBSCRIBER GROUP	TY-SECOND			SUBSCRIBER GROUP	TY-FIRST	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
								
								

				TE FEES FOR EAC				
		SUBSCRIBER GROU		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg for
						-		Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	¢	0.00	Gross Receipts Sec	eand Group	¢	0.00	
noss Receipts First	Group	3	0.00	Gloss Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED T	HIRTY-FIFTH	I SUBSCRIBER GROU	D	ONE HUNDRED	THIRTY-SIXTH	H SUBSCRIBER GROUP)	
COMMUNITY/ AREA		T CODOCKIDEN CHOO	0	COMMUNITY/ ARE		T GODGONIDEN GNOOF	0	
,	***************************************							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
-					-			
Page Bate For Third	Crous		0.00	Base Beta Fee Fee	urth Cross		0.00	
Base Rate Fee Third	Group	 \$	0.00	Base Rate Fee Fou	inn Group	\$	0.00	
				П				
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.			

Name	3659							CABLE ONE, INC.
				TE FEES FOR EACH	BASE RA			
9	0	SUBSCRIBER GROUP	TY-EIGHTH:	COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED THIRTY- COMMUNITY/ AREA
Computat of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						0.122		
and								
Syndicat								
Exclusiv								
Surchar for	<u></u>							
Partiall								
Distan								
Station								
	<u></u>							
	<u></u>							
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	FORTIETH :	ONE HUNDRED		SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED THIR
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	······							
						-		
	<u></u>							
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
	ı			i i				

								CABLE ONE, INC.
		BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF SUBSCRIBER GROUP		
9	COMMUNITY/ AREA 0					SUBSCRIBER GROUP	TI-FIRST	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat						-		
Exclusiv Surchar			<u> </u>					
for								
Partiall								
Distan								
Station								
	<u></u>		<u> </u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED FOR
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<u></u>					
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	ross Receipts Third G

		BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF SUBSCRIBER GROUP		
9	COMMUNITY/ AREA 0					SUBSCRIBER GROUP	X11-FIF1F1	COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica							-	
Exclusiv			<u> </u>					
Surchar for			<u></u>					
Partial			<u> </u>					
Distar						-		
Station								
			<u> </u>					
			<u> </u>					
	0.00	•		Total DSEs	0.00			otal DSEs
	Gross Receipts Second Group \$ 0.00				0.00			
			·				•	·
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	RTY-EIGHTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
			_					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	
	_	\$			0.00	\$		Fotal DSEs Gross Receipts Third Gr

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	E SYSTEM:				SYS	3659	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FIFTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA	AREA 0			COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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	-							Exclusivity
								Surcharge
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					•			
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					•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED FIFTY	'-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
					_			
Base Rate Fee Third Gr	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNEF CABLE ONE, INC.	R OF CABLE	E SYSTEM:					3659	Name
BI	_OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FIFT	Y-FOURTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA	MMUNITY/ AREA			COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	<u> </u>	0.00	
The Company of the Co	P	·*			2.556	<u> </u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	SYSTEM ID# ABLE ONE, INC. SYSTEM ID#									
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	- SUBSCR	BER GROUP				
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP		Ħ	ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
						-		Base Rate Fee		
					<u></u>			and Syndicated		
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								Surcharge		
					<u></u>			for		
								Partially Distant		
								Stations		
					<u></u>					
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDR	ED SIXTIETH	SUBSCRIBER GROUP				
COMMUNITY/ AREA	MUNITY/ AREA 0				COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						-				
					·····					
						-				
Total DSEs			0.00	Total DCEs			0.00			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes	above.	\$				