

Small combined workbook to:  
[CLICK HERE](#)

Submitting the form:  
This form is effective beginning with the January 1 to June 30, 2007 accounting period (01/01/07).

When complete, the workbook should be signed electronically using an "e" signature (i.e., JulieA Smith) in Space G and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Learning Division at [copyright@copyright.gov](mailto:copyright@copyright.gov). Do not email the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional workbook or workbook worksheets to the template before submitting, as that may cause error.

**General Instructions**

- Abbreviation: Abbreviation is NOT required for any areas.
- Excel: This form was designed for optimum use with Excel 2007 and later versions. A computer that runs Excel 2003 can be used to complete the form but, as described below, it may be necessary to bypass certain error messages.  
Protection: All tabs of the SALES LOGS Form Excel spreadsheet have been protected in Excel so that the user does not accidentally edit the underlying formulas that allow the data to function properly. The form is designed to function with all tabs in protected mode. It is strongly recommended that you do not unprotect any tabs on the form.  
Select the tabs you wish to view/edit. While in a tab, use the mouse to the arrows keys to navigate between fields. Depending on the settings in Excel, clicking the "Tab" button on the keyboard will not necessarily move the user to the next tab, you will have to manually move the user to the next tab by clicking the Excel keyboard tab button.

**General Data Input tab**

- Enter the proper accounting period(s). Select the accounting period (e.g., "200717") next to the "ACCOUNTING PERIOD" label at the top of the page. Follow to enter the accounting period here will cause the form to not populate the necessary columns for the basis of each row of the transaction information.
- Space A - Fill in the accounting period in brief form (e.g., for 200717, fill in "January 1 - June 30, 2007").
- Space B - If this is the system's first filing, place an "X" in the appropriate box and leave the system ID number blank. Otherwise, fill in the system ID number. If it is a prior submission information in the spreadsheet highlighted.
- Barcode Data - In the highlighted "Billing Period" box, fill in the four digit year followed immediately by the number 1 to the number 9 (also accounting period or the number 2 to the 9 (to be accurate, do not include period). For 200717 fill in "200717". DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH. INFORMATION TO GET AND offers a free bar code form.  
<http://www.barcodegenerator.com/#barcodeform>
- Space C, E, F, M, N, O - Fill in all available information in the appropriate highlighted boxes.

**Group Receipts tab**

- Subscriber names:  
Space D will allow to name individual subscriber groups by community names or other designations may fill in the "Subscriber/Community Name" column.  
Cable systems that have subscriber groups should fill in the individual subscriber group gross receipts in the "Gross Receipts" column. The "Subscriber Group Receipts Total" box will automatically add together all entries from the "Gross Receipts" column allowing users to ensure total gross receipts match the cumulative gross receipts of the system's subscriber areas. The form will display an "OUT OF BALANCE" error message if the "Gross Receipts" column total fails.

**Notes tab**

- The notes tab is available for user input to provide notes or other information for the Copyright Examiner.

**Signal tab**

- Enter the call sign, broadcast channel numbers, type of station, location of station, and enter/select what the basic carriage channel is (e.g., "10" or "10.1" or "10.2") filling in this column will not automatically clarify the signal as distinct in Space G. The DSC column will automatically populate with the correct DSC value based on the input of the carriage channel. In correct cases "MM" will be shown in the DSC column. In this case, you will not see the "MM" in its only necessary for the signal that can carry to multiple channels (e.g., on the Signal tab, using a signal label will not interfere with the operation of the form if the label is identical, however, if the same signal is listed more than once and the labels are different, errors will occur in other sections of the form.  
Note that this tab can accommodate up to 325 stations and, if desired, can be used as a master list for multiple DSC filings. In other words, an operator may list out the signals with the signals from multiple DSC filings and copy the signal information into the other SALES LOGS Form signal tabs to simplify entry. Signal labels in the signal tabs that are not carried in the system for which the particular form is being completed will not impact the rest of the form's calculation information as located at the end of the user SALES LOGS Form, located at:  
<http://www.copyright.gov/form102.xls>

**Page 1 - Space A-C**

- Space A, B and C will automatically populate with information from the General Data Input tab, including a barcode. Note that the barcode will only display if the barcode font has been downloaded as described above.
- Space D will automatically calculate with the information for the first community listed on the "Page 10 - Space D11" tab.

**Page 10 - Space D**

- All community names, states, channel numbers and subscriber numbers can be manually entered in the highlighted area. Add ones as needed so that all communities are listed in issue D.

**Page 3 - Space E-F**

- Blocks E and F of both Space E and F will automatically populate with information from the General Input Data tab. Information can be manually entered into the highlighted area of Block F for both Space E and F.

**Page 3 - Space G (AA-AM)**

- Fill in all the call signs for each channel lineup and select whether the signal is local or distant in the area served by the broadcast channel number, type of station, basic or carriage (if the selection is distant and location of stations column will automatically populate with information from the Signal tab.  
There are 23 Space G tabs available for identifying channel lineups (AA-AM). Unused Space G tabs may be hidden deleted. Under the "Tab" label, options are available for operators using one 2007 version of Excel.  
If additional Space G tabs are needed for more than 23 stations, users may create additional Space G tabs by right clicking the "Page 3 - Space G (AA-AM)" tab, clicking "More or Copy", selecting "Page 3 - Space G" from the "Format menu" list, clicking "Page 3 - Space G", and clicking "OK". You may also click "Page 3 (AA-AM)" from the "Format menu" list, clicking "Page 3 - Space G (AA-AM)", clicking "More or Copy", clicking "Page 3 - Space G", and clicking "OK".  
If additional Space G tabs are needed for more than 23 stations, users may create additional Space G tabs by right clicking the "Page 3 - Space G (AA-AM)" tab, clicking "More or Copy", selecting "Page 3 - Space G" from the "Format menu" list, clicking "Page 3 - Space G", and clicking "OK". You may also click "Page 3 (AA-AM)" from the "Format menu" list, clicking "Page 3 - Space G (AA-AM)", clicking "More or Copy", clicking "Page 3 - Space G", and clicking "OK".

**Page 4 - Space H**

- Information can be manually entered into the highlighted areas.

**Page 5 - Space I**

- Section 1 - The "Tab" box has been checked in this section by default. The "Tab" box can be manually checked for cable systems with substitute carriage.
- Section 2 - Information can be manually entered into the highlighted areas where available.

**Page 6 - Space J**

- Information can be manually entered into the highlighted areas.

**Page 7 - Space K-C**

- Space K - The amount of areas received will automatically calculate with information from the Gross Receipts tab.  
Space L - Block 1 - This area will automatically populate with information from the Gross Receipts tab and will automatically calculate the received fee based on that information.  
Space M - Block 2 - This area will automatically calculate based on whether the system is a distant station.  
Space N - Block 3 - The basic rate fee will automatically populate with information input for part 1 (Section 3 or 4) or part 2 (Section 5) of the DSC schedule. The 17% fee will automatically calculate once information is input for Block 3.  
Space O - Block 4 - Line 1 will automatically populate. If the system calculates a syndicated exchange in Part 7 or Part 8 that schedule must be manually entered into Block 4. Line 2 information will be populated with information input into Space C. The total results fee will automatically calculate based on the rest of the information.

**Page 8 - Space M-O**

- Space M will automatically populate with information from the General Input Data tab.  
Space N - The appropriate box identifying the operator must be checked. The "Payor or provider name" and "Tab" boxes will automatically calculate with information from the General Input Data tab.  
Operator Space O - This box will be submitted with electronic "e" signature (i.e., JulieA Smith). Enter an electronic signature by clicking "Tab" followed by your name in the signature box.

**Page 9 - Space P-Q**

- Space P - The "Tab" box has been checked in this section by default. The "Tab" box may be manually checked and information may be manually input to the highlighted areas.  
Space Q - If applicable, the necessary data can be manually input on Lines 1 and 2. The remaining calculations will be performed automatically. Any interest calculated in Space Q will be automatically calculate on Space L, Block 4, Line 2.

**Page 11 - Parts 1-2**

- Part 1 will automatically calculate with information from the General Input Data tab.  
Part 2 - Call signs of non-entire distant stations can be manually input into the highlighted fields. DSC values will automatically populate with information from the Signal tab. The calculation for the "Sum of DSC" box will be performed automatically based on the information entered on this tab.  
Additional rows may be added to accommodate additional signals. If additional rows are added, remember to copy the first formula into the new rows.

**Page 12 - Parts 3-5**

- Parts 3 and 4 - Information can be manually entered into the highlighted areas. The calculation for the "Sum of DSC" Space M will be performed automatically based on the information entered in the DSC columns on Parts 3 and 4.  
Part 5 - The calculation for the "Total Number of DSC" will be performed automatically based on the information entered into Parts 2, 3 and 4.

**Page 13 - Part 6**

- manually check the "Tab" box.  
Block 3 - Call signs and permitted basic of carriage can be entered into the highlighted fields. The DSC column will automatically calculate with information from the Signal tab. The total permitted DSC calculation will be performed.  
Cable systems with more than 21 distant permitted stations can use the "Page 13 - Part 6 (Continued)" tab to input additional signals. Again, the DSC values will automatically populate with information from the Signal tab. Any DSC entered on this tab will be accounted for automatically in the permitted DSC calculation on the preceding tab.  
Block 4 - If the sum of DSC listed in Part 5 is greater than the sum of DSC listed in Part 6, Block C will automatically populate and perform the necessary calculations for the 17% fee. The information in Line 1 will NOT automatically calculate automatically and the 17% results fee calculation from Part 7 will be performed automatically.

**Page 14 - Part 7**

- Station carried over part time and substitute carriage may be entered manually in the area at the top of this tab.  
Part 7 - Block 1 - The substitute box should be manually checked/unchecked on the location of the station.  
Part 7, Blocks B and C - The "Tab" boxes have been checked by default. The "Tab" boxes in either area may be manually checked and any applicable any call signs may be manually entered. The DSC columns will automatically calculate with information from the Signal tab. The "Total DSC" calculations will be performed automatically.

**Page 15 - Part 7**

- Block D - This area will automatically calculate with information from the Gross Receipts tab and the earlier sections. Information can be manually entered into the appropriate highlighted areas on this tab and the area at the top of the tab in the event a syndicated exchange charge is calculated in Part 7. That information will NOT automatically calculate in Space L, Block 4, Line 2. This information must be re-entered manually on that line.

**Page 16 - Parts 8**

- Part 8, Block A - The "Tab" box has been checked by default. Cable systems that do not have subscriber groups should manually check the "Tab" box.  
If the "Tab" box is manually checked, the appropriate sections of Block 8 will automatically populate (either on this tab or the top section of the following "Page 17 - Part 8" tab) the information from the "Basic Rate Fee" calculation will be performed automatically. The information for the "Basic Rate Fee" will automatically calculate on Space L, Block 3, Line 1. If any DSC information is input into the 3.75 fee portion of Part 8, Block C will calculate the calculation automatically and the 3.75 results fee calculation from Part 7 will be performed automatically.

**Page 19 - 3.75 Fee Part 8 (1-40)**

- For cable systems with subscriber areas, fill in the permitted distant call signs in the appropriate subscriber area.  
Permitted basic of carriage may be filled in to call signs in Column C and Column H, M and N, as applicable.  
The DSC column will automatically calculate with information from the Signal tab.  
The "Total DSC" calculation for each subscriber group will automatically be performed based on the information entered into each subscriber area area.  
The "Gross Receipts" for each subscriber area will automatically calculate with information from the Gross Receipts tab.  
The "Basic Rate Fee" calculation for each subscriber area will be automatically performed.  
The total Basic Rate Fee calculation throughout all subscriber groups will be automatically performed and will display on the bottom of the "Page 19 - Part 8" tab. This information will automatically calculate on Space L, Block 3, Line 1. DO NOT DELETE UNLESS PART 8 IS THE TAB. Deleting unused tabs in any part of Part 8 will cause the form to function improperly.

**Page 19 - 3.75 Fee Part 8 (1-40)**

- For cable systems with subscriber areas, fill in the non-permitted distant call signs in the appropriate subscriber area.  
The DSC column for each subscriber area will automatically calculate with information from the Signal tab.  
The "Total DSC" calculation for each subscriber group will automatically be performed based on the information entered into each subscriber area area.  
The "Gross Receipts" for each subscriber area will automatically calculate with information from the Gross Receipts tab.  
The "Basic Rate Fee" calculation for each subscriber area will be automatically performed.  
The total 3.75 Rate Fee calculation throughout all subscriber groups will be automatically performed and will display on the bottom of the "Page 19 - Part 8" tab. This information will automatically calculate on Space L, Block 3, Line 1. DO NOT DELETE UNLESS PART 8 IS THE TAB. Deleting unused tabs in any part of Part 8 will cause the form to function improperly. Excess Part 8 tabs may be hidden prior to submission. (Note: the option of hiding unused tabs is not available for operators using one 2007 version of Excel.)

**Page 20 - Part 8 (1-40)**

- Cable systems that have a syndicated exchange charge calculated on a subscriber group can use these tabs to manually perform those calculations.  
In the event a syndicated exchange charge is calculated based on Part 7, that information will NOT automatically calculate in Space L, Block 4, Line 2. This information must be manually entered on that line.  
Should Part 7 syndicated exchange charge tabs may be hidden prior to submission. (Note: the option of hiding unused tabs is not available for operators using one 2007 version of Excel.)

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b> 2020/2 (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)
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<b>B</b> Owner	<b>INSTRUCTIONS:</b> Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
	<input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <span style="float: right;">062894</span>	
	1	<b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b> Bellsouth Telecommunications, LLC
2	<b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):</b>	
3	<b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM:</b> 2270 Lakeside Blvd <small>(Number, street, rural route, apartment, or suite number)</small> Richardson, TX 75082 <small>(City, town, state, zip)</small>	
<b>C</b> System	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
	1	<b>IDENTIFICATION OF CABLE SYSTEM:</b>
2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b> <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small>	

BARCODE DATA  
Filing Period  
0621

BLOCK 1			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
<b>E</b> Secondary Transmission Service: Sub- scribers and Rates	<b>Residential:</b>		
	• Service to first set	156,381	\$19
	• Service to additional set(s)		
	• FM radio (if separate rate)		
	<b>Motel, hotel</b>		
	<b>Commercial</b>	1,273	\$20
	<b>Converter</b>		
	• Residential		
	• Non-residential		

BLOCK 1				
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
<b>F</b> Services Other Than Secondary Transmissions: Rates	<b>Continuing Services:</b>		<b>Installation: Non-residential</b>	
	• Pay cable		• Motel, hotel	
	• Pay cable—add'l channel	\$5-\$199	• Commercial	
	• Fire protection		• Pay cable	
	• Burglar protection		• Pay cable-add'l channel	
	<b>Installation: Residential</b>		• Fire protection	
	• First set	\$0-\$199	• Burglar protection	
	• Additional set(s)		<b>Other services:</b>	
	• FM radio (if separate rate)		• Reconnect	\$0-\$35
	• Converter		• Disconnect	
		• Outlet relocation	\$0-\$55	
		• Move to new address		

<b>M</b> Channels	<b>CHANNELS</b> <b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.
	1. Enter the total number of channels on which the cable system carried television broadcast stations <span style="float: right;">30</span>
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services <span style="float: right;">619</span>

<b>N</b> Individual to Be Contacted for Further Information	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)	
	Name	Myriam Nassif Telephone 310-964-1930
	Address	2260 E Imperial Hwy Room 839 <small>(Number, street, rural route, apartment, or suite number)</small> El Segundo, CA 90245 <small>(City, town, state, zip)</small>
	Email (optional)	mn112s@att.com Fax (optional)

<b>O</b> Certification	<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.) Signature Space O – this form will be submitted with an electronic "s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".	
	Typed or printed name:	Michael Santogrossi
	Title:	Vice President – Finance <small>(Title of official position held in corporation or partnership)</small>
	Date:	February 24, 2021

**Total Gross Receipts**

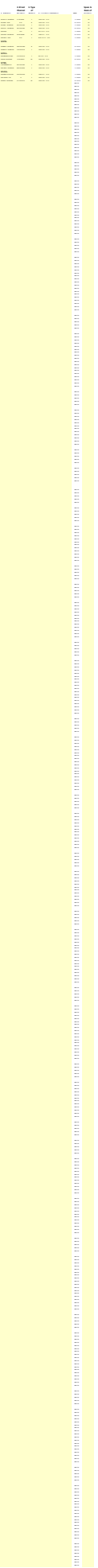
**\$ 67,986,256.47**

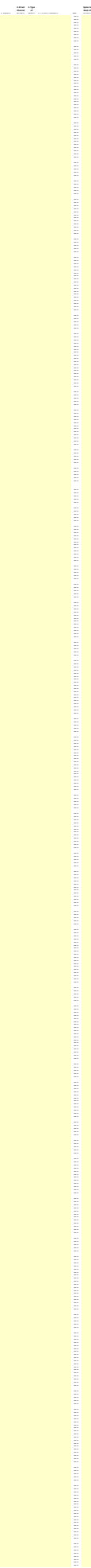
OK

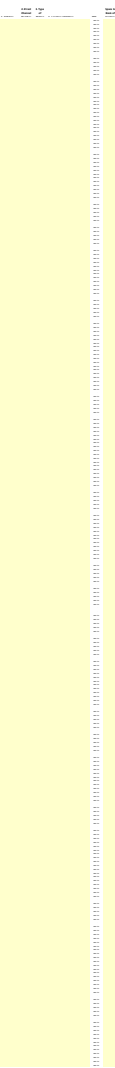
**Subgroup Gross Receipts Total**

**\$ 67,986,256.47**

<b>Subgroup</b>	<b>Subgroup/Community Name</b>	<b>Gross Receipts</b>
FIRST	1	\$ 6,263.96
SECOND	2	\$ 23,010.51
THIRD	3	\$ 63,766,111.13
FOURTH	4	\$ 12,951.67
FIFTH	5	\$ 296,235.70
SIXTH	6	\$ 406,404.59
SEVENTH	7	\$ 424,720.25
EIGHTH	8	\$ 81,732.16
NINTH	9	\$ 182,791.09
TENTH	10	\$ 947,706.45
ELEVENTH	11	\$ 1,588,313.88
TWELVTH	12	\$ 250,015.08
THIRTEENTH	13	
FOURTEENTH	14	
FIFTEENTH	15	
SIXTEENTH	16	
SEVENTEENTH	17	
EIGHTEENTH	18	
NINTEENTH	19	
TWENTIETH	20	
TWENTY-FIRST	21	
TWENTY-SECOND	22	
TWENTY-THIRD	23	
TWENTY-FOURTH	24	
TWENTY-FIFTH	25	
TWENTY-SIXTH	26	
TWENTY-SEVENTH	27	
TWENTY-EIGHTH	28	
TWENTY-NINTH	29	
THIRTIETH	30	
THIRTY-FIRST	31	
THIRTY-SECOND	32	
THIRTY-THIRD	33	
THIRTY-FOURTH	34	
THIRTY-FIFTH	35	
THIRTY-SIXTH	36	
THIRTY-SEVENTH	37	
THIRTY-EIGHTH	38	
THIRTY-NINTH	39	
FORTIETH	40	







LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Bellsouth Telecommunications, LLC**

**SYSTEM ID#**

**20202**

**Instructions:** Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

Large yellow rectangular area for entering notes or other information.

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

**SA3E  
 Long Form**

Return completed workbook by email to:

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

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

**STATEMENT OF ACCOUNT**  
*for Secondary Transmissions by  
 Cable Systems (Long Form)*

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
2/24/2021	\$
	ALLOCATION NUMBER

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b> <b>2020/2</b>																														
<b>B</b> Owner	<p><b>Instructions:</b>                  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.                  List any other name or names under which the owner conducts the business of the cable system.                  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <b>062894</b>																														
	<p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b>  <b>Bellsouth Telecommunications, LLC</b></p> <p style="text-align: right;"><b>06289420202</b> <b>062894 2020/2</b></p> <p><b>2270 Lakeside Blvd</b>  <b>Richardson, TX 75082</b></p>																														
<b>C</b> System	<p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="2"><b>IDENTIFICATION OF CABLE SYSTEM:</b></td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="2"><b>MAILING ADDRESS OF CABLE SYSTEM:</b> <small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td></td> <td colspan="2"><small>(City, town, state, zip code)</small></td> </tr> </table>			1	<b>IDENTIFICATION OF CABLE SYSTEM:</b>		2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b> <small>(Number, street, rural route, apartment, or suite number)</small>			<small>(City, town, state, zip code)</small>																				
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<b>D</b> Area Served First Community Sample	<p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td>CITY OR TOWN</td> <td colspan="3">STATE</td> </tr> <tr> <td><b>ATLANTA</b></td> <td colspan="3"><b>GA</b></td> </tr> <tr> <td colspan="4">Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td> </tr> <tr> <td>CITY OR TOWN (SAMPLE)</td> <td>STATE</td> <td>CH LINE UP</td> <td>SUB GRP#</td> </tr> <tr> <td><b>Alda</b></td> <td><b>MD</b></td> <td><b>A</b></td> <td><b>1</b></td> </tr> <tr> <td><b>Alliance</b></td> <td><b>MD</b></td> <td><b>B</b></td> <td><b>2</b></td> </tr> <tr> <td><b>Gering</b></td> <td><b>MD</b></td> <td><b>B</b></td> <td><b>3</b></td> </tr> </table>			CITY OR TOWN	STATE			<b>ATLANTA</b>	<b>GA</b>			Below is a sample for reporting communities if you report multiple channel line-ups in Space G.				CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	<b>Alda</b>	<b>MD</b>	<b>A</b>	<b>1</b>	<b>Alliance</b>	<b>MD</b>	<b>B</b>	<b>2</b>	<b>Gering</b>	<b>MD</b>	<b>B</b>	<b>3</b>
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**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.



**Part III**  
**Part III**  
**Part III**

**Part III**  
**Part III**  
**Part III**

**Part III**  
**Part III**  
**Part III**

CITY OR TOWN	STATE	CABLE ID	SUB-CITY	First Community
Atlanta	GA	AA	1	
Atlanta	GA	AA	2	
Atlanta	GA	AA	3	
Atlanta	GA	AA	4	
Atlanta	GA	AA	5	
Atlanta	GA	AA	6	
Atlanta	GA	AA	7	
Atlanta	GA	AA	8	
Atlanta	GA	AA	9	
Atlanta	GA	AA	10	
Atlanta	GA	AA	11	
Atlanta	GA	AA	12	
Atlanta	GA	AA	13	
Atlanta	GA	AA	14	
Atlanta	GA	AA	15	
Atlanta	GA	AA	16	
Atlanta	GA	AA	17	
Atlanta	GA	AA	18	
Atlanta	GA	AA	19	
Atlanta	GA	AA	20	
Atlanta	GA	AA	21	
Atlanta	GA	AA	22	
Atlanta	GA	AA	23	
Atlanta	GA	AA	24	
Atlanta	GA	AA	25	
Atlanta	GA	AA	26	
Atlanta	GA	AA	27	
Atlanta	GA	AA	28	
Atlanta	GA	AA	29	
Atlanta	GA	AA	30	
Atlanta	GA	AA	31	
Atlanta	GA	AA	32	
Atlanta	GA	AA	33	
Atlanta	GA	AA	34	
Atlanta	GA	AA	35	
Atlanta	GA	AA	36	
Atlanta	GA	AA	37	
Atlanta	GA	AA	38	
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Atlanta	GA	AA	91	
Atlanta	GA	AA	92	
Atlanta	GA	AA	93	
Atlanta	GA	AA	94	
Atlanta	GA	AA	95	
Atlanta	GA	AA	96	
Atlanta	GA	AA	97	
Atlanta	GA	AA	98	
Atlanta	GA	AA	99	
Atlanta	GA	AA	100	

See instructions for additional information.

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>	<b>SYSTEM ID#</b> <b>062894</b>
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<b>E</b>  <b>Secondary Transmission Service: Subscribers and Rates</b>	<p><b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b>  <b>In General:</b> 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).  <b>Number of Subscribers:</b> 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).  <b>Rate:</b> 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.  <b>Block 1:</b> 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. <b>Note:</b> 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)."  <b>Block 2:</b> 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.</p>				
BLOCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
<b>Residential:</b>					
• Service to first set	156,381	\$ 19.00	<b>HD Tech Fee</b>	97,286	\$ 10.00
• Service to additional set(s)			<b>Set-Top Box</b>	157,654	\$0-\$15
• FM radio (if separate rate)			<b>Broadcast TV Surcharge</b>	156,381	\$8.99-\$9.99
<b>Motel, hotel</b>					
<b>Commercial</b>	1,273	\$ 20.00			
<b>Converter</b>					
• Residential					
• Non-residential					

<b>F</b>  <b>Services Other Than Secondary Transmissions: Rates</b>	<p><b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b>  <b>In General:</b> 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.  <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.  <b>Block 2:</b> 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.</p>				
BLOCK 1		BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
<b>Continuing Services:</b>		<b>Installation: Non-residential</b>			
• Pay cable		• Motel, hotel		<b>Video on Demand</b>	\$0-\$100
• Pay cable—add'l channel	\$5-\$199	• Commercial		<b>Service Activation Fee</b>	\$0-\$35
• Fire protection		• Pay cable		<b>Credit Management Fee</b>	\$0-\$449
• Burglar protection		• Pay cable-add'l channel		<b>Dispatch on Demand</b>	\$99
<b>Installation: Residential</b>		• Fire protection		<b>Wireless Receiver</b>	\$0 - \$49
• First set	\$0-\$199	• Burglar protection		<b>HD Premium Tier</b>	\$10
• Additional set(s)		<b>Other services:</b>		<b>DVR Upgrade Fee</b>	\$105
• FM radio (if separate rate)		• Reconnect	\$0-\$35	<b>Vacation Hold</b>	\$7
• Converter		• Disconnect		<b>Program Downgrade Fee</b>	\$ 5.00
		• Outlet relocation	\$0-\$55	<b>Non-Return Eqpt Fee</b>	\$0-\$150
		• Move to new address			

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>		SYSTEM ID# <b>062894</b>		Name		
<b>PRIMARY TRANSMITTERS: TELEVISION</b>						
<p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						<b>G</b>  <b>Primary Transmitters: Television</b>
<b>CHANNEL LINE-UP AA</b>						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	See instructions for additional information on alphabetization.
WAGA-DT/HD	5/1005	I	No		Atlanta, GA	
WATC-DT	57	E	Yes	O	Atlanta, GA	
WATL-DT/HD	36/1036	I	No		Atlanta, GA	
WGCL-DT/HD	46/1046	N	No		Atlanta, GA	
WGTA	24	I	No		Toccoa, GA	
WGTV-DT/HD	8/1008	E	Yes	O	Athens, GA	
WHSG-DT	63	I	No		Monroe, GA	
WKTB-CD/WKTBC	47/1047	I	No		Norcross, GA	
WPBA-DT/HD	30/1030	E	Yes	O	Atlanta, GA	
WPCH-DT/HD	17/1017	I	No		Atlanta, GA	
WPXA-DT/WPXAHD	14/1014	I	No		Rome, GA	
WSB-DT/HD	2/1002	N	No		Atlanta, GA	
WTBS-LP/WTBSL	26/1026	I	No		Atlanta, GA	
WUPA-DT/HD	69/1069	I	No		Atlanta, GA	
WUVG-DT/WUVGH	34/1034	I	No		Athens, GA	
WUVM-LP	4	I	No		Atlanta, GA	
WXIA-DT/HD	11/1011	N	No		Atlanta, GA	



LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>	<b>SYSTEM ID#</b> <b>062894</b>	<b>Name</b>				
<b>GROSS RECEIPTS</b> <b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		<b>K</b> <b>Gross Receipts</b>				
<b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>67,986,256.47</b></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	<b>67,986,256.47</b>	(Amount of gross receipts)	
\$	<b>67,986,256.47</b>					
(Amount of gross receipts)						
<b>COPYRIGHT ROYALTY FEE</b> <b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ► If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ► If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ► If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.		<b>L</b> <b>Copyright Royalty Fee</b>				
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K <span style="float: right;">\$ <b>67,986,256.47</b></span> Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. <span style="float: right; border: 1px solid black; padding: 2px;">\$ <b>723,373.77</b></span>					
Block 2	<b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.					
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero <span style="float: right;">\$ <b>16,265.57</b></span> Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero <span style="float: right;"><b>0.00</b></span> Line 3. Add lines 1 and 2 and enter here <span style="float: right; border: 1px solid black; padding: 2px;">\$ <b>16,265.57</b></span>					
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger <span style="float: right;">\$ <b>723,373.77</b></span> Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. <span style="float: right; background-color: yellow;"><b>0.00</b></span> Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) <span style="float: right;"><b>0.00</b></span> Line 4. <b>FILING FEE.</b> <span style="float: right;">\$ <b>725.00</b></span> <b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here <span style="float: right; border: 1px solid black; padding: 2px;">\$ <b>724,098.77</b></span>  Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.				

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>	<b>SYSTEM ID#</b> <b>062894</b>
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<b>M</b>  <b>Channels</b>	<p><b>CHANNELS</b></p> <p><b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . . <span style="border: 1px solid black; padding: 2px 20px;">30</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 2px 20px;">619</span></p>
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<b>N</b>  <b>Individual to Be Contacted for Further Information</b>	<p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <u><b>Myriam Nassif</b></u> Telephone <u><b>310-964-1930</b></u></p> <p>Address <u><b>2260 E Imperial Hwy Room 839</b></u> <small>(Number, street, rural route, apartment, or suite number)</small></p> <p><u><b>El Segundo, CA 90245</b></u> <small>(City, town, state, zip)</small></p> <p>Email <u><b>mn112s@att.com</b></u> Fax (optional) _____</p>
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<b>O</b>  <b>Certification</b>	<p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <ul style="list-style-type: none"> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> <div style="margin-top: 20px;"> <span style="font-size: 2em; margin-right: 10px;">X</span> <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">/s/Michael Santogrossi</div> </div> <p>Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: <b>Michael Santogrossi</b></p> <hr/> <p>Title: <b>Vice President – Finance</b> <small>(Title of official position held in corporation or partnership)</small></p> <hr/> <p>Date: <b>February 24, 2021</b></p>
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**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>	<b>SYSTEM ID#</b> <b>062894</b>	<b>Name</b>
<p><b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b></p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</p> <p style="padding-left: 40px;">“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> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ _____</p>		<p style="font-size: 2em; font-weight: bold;">P</p> <p style="text-align: center;"><b>Special Statement Concerning Gross Receipts Exclusion</b></p>
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	
<p><b>INTEREST ASSESSMENTS</b></p> <p>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.</p> <p>Line 1 Enter the amount of late payment or underpayment . . . . . _____</p> <p style="text-align: right; padding-right: 20px;">x _____</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -</p> <p style="text-align: right; padding-right: 20px;">x _____ days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -</p> <p style="text-align: right; padding-right: 20px;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) . . . . . \$ -</p> <p style="text-align: right; padding-right: 20px;">(interest charge)</p> <p>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@loc.gov">licensing@loc.gov</a>.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <p>Owner _____                  Address _____                  _____                  _____</p> <p>First community served _____                  Accounting period _____                  ID number _____</p>		<p style="font-size: 2em; font-weight: bold;">Q</p> <p style="text-align: center;"><b>Interest Assessment</b></p>

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

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

**SCHEDULE**

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

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

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

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

- If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
2. Identify the communities/areas represented by each subscriber group.
3. For each subscriber group, calculate the total number of DSEs of that group’s complement of stations.

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

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

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

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

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

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

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

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

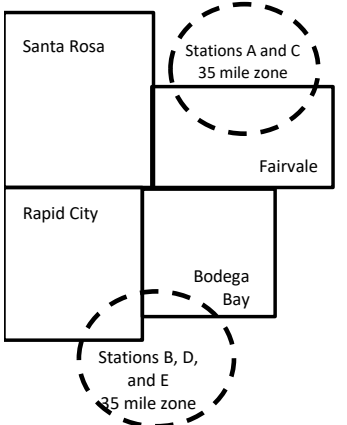
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

**EXAMPLE:**

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

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







<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>	<b>SYSTEM ID#</b> <b>062894</b>
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<b>3</b>  Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	<b>Instructions: CAPACITY</b> <b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). <b>Column 2:</b> For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. <b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period. <b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. <b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." <b>Column 6:</b> Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.					
	<b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>					
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE
		÷	=		x	=
		÷	=		x	=
		÷	=		x	=
		÷	=		x	=
		÷	=		x	=
<b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b> Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, .....					<b>0.00</b>	

<b>4</b>  Computation of DSEs for Substitute-Basis Stations	<b>Instructions:</b> <b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). <b>Column 2:</b> For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. <b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year. <b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).							
	<b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
<b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b> Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, .....							<b>0.00</b>	

<b>5</b>  Total Number of DSEs	<b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.	
	1. Number of DSEs from part 2 ● _____ ▶	<b>0.75</b>
	2. Number of DSEs from part 3 ● _____ ▶	<b>0.00</b>
	3. Number of DSEs from part 4 ● _____ ▶	<b>0.00</b>
TOTAL NUMBER OF DSEs _____ ▶		<b>0.75</b>

<b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b> <b>Bellsouth Telecommunications, LLC</b>	<b>SYSTEM ID#</b> <b>062894</b>	<b>Name</b>
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**Instructions:** Block A must be completed.  
 In block A:  
 • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.  
 • If your answer if "No," complete blocks B and C below.

6

Computation of  
3.75 Fee

**BLOCK A: TELEVISION MARKETS**

Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?

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

No—Complete blocks B and C below.

**BLOCK B: CARRIAGE OF PERMITTED DSEs**

**Column 1: CALL SIGN** List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)

**Column 2: BASIS OF PERMITTED CARRIAGE** Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)

A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]

B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)

C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]

D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).

E Carried pursuant to individual waiver of FCC rules (76.7)

\*F A station previously carried on a part-time or substitute basis prior to June 25, 1981

G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]

M Retransmission of a distant multicast stream.

**Column 3:** List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.  
 \*(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
WATC-DT	C	0.25						
WGTV-DT/H	C	0.25						
WPBA-DT/H	C	0.25						

**0.75**

**BLOCK C: COMPUTATION OF 3.75 FEE**

Line 1: Enter the total number of DSEs from part 5 of this schedule \_\_\_\_\_

Line 2: Enter the sum of permitted DSEs from block B above \_\_\_\_\_

Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.  
 (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) \_\_\_\_\_

Line 4: Enter gross receipts from space K (page 7) \_\_\_\_\_ x 0.0375 \_\_\_\_\_

Line 5: Multiply line 4 by 0.0375 and enter sum here \_\_\_\_\_ x \_\_\_\_\_

Line 6: Enter total number of DSEs from line 3 \_\_\_\_\_

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) \_\_\_\_\_

**0.00**

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



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>	<b>SYSTEM ID#</b> <b>062894</b>
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**Worksheet for Computing the DSE Schedule for Permitted Part-Time and Substitute Carriage**

**Instructions:** You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)

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

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

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

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

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

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

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

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

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

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

PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS					
1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE

**7 Computation of the Syndicated Exclusivity Surcharge**

**Instructions:** Block A must be completed.

In block A:  
If your answer is "Yes," complete blocks B and C, below.  
If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.

**BLOCK A: MAJOR TELEVISION MARKET**

• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?

Yes—Complete blocks B and C .  No—Proceed to part 8

BLOCK B: Carriage of VHF/Grade B Contour Stations

Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?

Yes—List each station below with its appropriate permitted DSE  
 No—Enter zero and proceed to part 8.

CALL SIGN	DSE	CALL SIGN	DSE
TOTAL DSEs			<b>0.00</b>

BLOCK C: Computation of Exempt DSEs

Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)

Yes—List each station below with its appropriate permitted DSE  
 No—Enter zero and proceed to part 8.

CALL SIGN	DSE	CALL SIGN	DSE
TOTAL DSEs			<b>0.00</b>

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>		SYSTEM ID# <b>062894</b>	Name
<b>BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE</b>			
Section 1	Enter the amount of gross receipts from space K (page 7) . . . . .	▶ \$	<b>67,986,256.47</b>
Section 2	A. Enter the total DSEs from block B of part 7 . . . . .	▶	<b>0.00</b>
	B. Enter the total number of exempt DSEs from block C of part 7 . . . . .	▶	<b>0.00</b>
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. <b>If zero, proceed to part 8.</b> . . . . .	▶ \$	<b>0.00</b>
• Is any portion of the cable system within a top 50 television market as defined by the FCC? <input checked="" type="checkbox"/> Yes—Complete section 3 below. <input type="checkbox"/> No—Complete section 4 below.			
<b>SECTION 3: TOP 50 TELEVISION MARKET</b>			
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . .	▶ \$	<b>67,986,256.47</b>
	B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . .	▶ \$	<b>25,584,856.47</b>
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . .	▶	<b>0.00</b>
	D. Multiply line B by line C and enter here . . . . .	▶	<b>0.00</b>
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)	▶ \$	<b>67,986,256.47</b>
	<b>Syndicated Exclusivity Surcharge</b> . . . . .		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . .	▶ \$	<b>67,986,256.47</b>
	B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . .	▶ \$	<b>25,584,856.47</b>
	C. Multiply line B by 3.000 and enter here . . . . .	▶ \$	<b>76,754,569.41</b>
	D. Enter 0.00178 of gross receipts (the amount in section 1) . . . . .	▶ \$	<b>12,101,542.71</b>
	E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here . . . . .	▶	<b>0.00</b>
	F. Multiply line D by line E and enter here . . . . .	▶ \$	<b>0.00</b>
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)	▶ \$	<b>80,088,808.18</b>
	<b>Syndicated Exclusivity Surcharge</b> . . . . .		
<b>SECTION 4: SECOND 50 TELEVISION MARKET</b>			
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.		
	A. Enter 0.00300 of gross receipts (the amount in section 1) . . . . .	▶ \$	<b>20,395,876.94</b>
	B. Enter 0.00189 of gross receipts (the amount in section 1) . . . . .	▶ \$	<b>12,749,432.41</b>
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . .	▶	<b>0.00</b>
	D. Multiply line B by line C and enter here . . . . .	▶ \$	<b>0.00</b>
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)	▶ \$	<b>20,395,876.94</b>
	<b>Syndicated Exclusivity Surcharge</b> . . . . .		

**7**

Computation of the Syndicated Exclusivity Surcharge

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>	<b>SYSTEM ID#</b> <b>062894</b>
<b>7</b>  <b>Computation of the Syndicated Exclusivity Surcharge</b>	Section 4b If the figure in section 2, line C is more than 4,000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1). . . . . ▶ \$ _____  B. Enter 0.00189 of gross receipts (the amount in section 1). . . . . ▶ \$ _____  C. Multiply line B by 3.000 and enter here. . . . . ▶ \$ _____  D. Enter 0.00089 of gross receipts (the amount in section 1). . . . . ▶ \$ _____  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. . . . . ▶ _____  F. Multiply line D by line E and enter here . . . . . ▶ \$ _____  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) <span style="float: right; border: 1px solid black; padding: 2px;">_____</span> <b>Syndicated Exclusivity Surcharge.</b> . . . . . ▶ \$ _____	

<b>8</b>  <b>Computation of Base Rate Fee</b>	<b>Instructions:</b> You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. <ul style="list-style-type: none"> <li>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>• If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.</li> <li>• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.</li> </ul> <b>What is a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	
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**BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS**

• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?

Yes—Complete part 9 of this schedule.                       No—Complete the following sections.

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

Section 1	Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ _____
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) . . . . . ▶ _____
Section 3	If the figure in section 2 is <b>4,000 or less</b> , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1). . . . . ▶ \$ _____  B. Enter 0.00701 of gross receipts (the amount in section 1). . . . . ▶ _____  C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. . . . . ▶ _____  D. Multiply line B by line C and enter here. . . . . ▶ \$ _____  E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) <span style="float: right; border: 1px solid black; padding: 2px;">_____</span> <b>Base Rate Fee.</b> . . . . . ▶ \$ _____ <b>0.00</b>

<b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b>	<b>Bellsouth Telecommunications, LLC</b>	<b>SYSTEM ID#</b> <b>062894</b>	<b>Name</b>
Section <b>4</b>	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		<b>8</b>
	A. Enter 0.01064 of gross receipts (the amount in section 1) ..... ▶ \$ _____		<b>Computation of Base Rate Fee</b>
	B. Enter 0.00701 of gross receipts (the amount in section 1) ..... ▶ \$ _____		
	C. Multiply line B by 3.000 and enter here ..... ▶ \$ _____		
	D. Enter 0.00330 of gross receipts (the amount in section 1) ..... ▶ \$ _____		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ..... ▶ _____		
	F. Multiply line D by line E and enter here ..... ▶ \$ _____		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) <b>Base Rate Fee</b> ..... ▶ \$ _____ <span style="float: right; border: 1px solid black; padding: 2px;"><b>0.00</b></span>		

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



<p><b>Name</b></p>	<p>LEGAL NAME OF OWNER OF CABLE SYSTEM:</p> <p><b>Bellsouth Telecommunications, LLC</b></p> <p style="text-align: right;"><b>SYSTEM ID#</b> <b>062894</b></p>
	<p><b>Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals</b></p> <p><b>Step 1:</b> Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.</p> <p><b>Step 2:</b> Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.</p> <p><b>Step 3:</b> Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.</p> <p><b>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams</b></p> <p><b>Step 1:</b> Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.</p>

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>						SYSTEM ID# <b>062894</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
WGTV-DT/HD	0.25			WPBA-DT/HD	0.25				
WPBA-DT/HD	0.25								
Total DSEs			<b>0.50</b>	Total DSEs			<b>0.25</b>		
Gross Receipts First Group			\$ <b>6,263.96</b>	Gross Receipts Second Group			\$ <b>23,010.51</b>		
Base Rate Fee First Group			\$ <b>33.32</b>	Base Rate Fee Second Group			\$ <b>61.21</b>		
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WPBA-DT/HD	0.25				
Total DSEs			<b>0.00</b>	Total DSEs			<b>0.25</b>		
Gross Receipts Third Group			\$ <b>63,766,111.13</b>	Gross Receipts Fourth Group			\$ <b>12,951.67</b>		
Base Rate Fee Third Group			\$ <b>0.00</b>	Base Rate Fee Fourth Group			\$ <b>34.45</b>		
<b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)							\$ <b>16,265.57</b>		

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>						SYSTEM ID# <b>062894</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
WPBA-DT/HD	0.25			WATC-DT	0.25				
WATC-DT	0.25			WPBA-DT/HD	0.25				
				WGTV-DT/HD	0.25				
Total DSEs _____ <b>0.50</b>					Total DSEs _____ <b>0.75</b>				
Gross Receipts First Group \$ _____ <b>296,235.70</b>					Gross Receipts Second Group \$ _____ <b>406,404.59</b>				
Base Rate Fee First Group \$ _____ <b>1,575.97</b>					Base Rate Fee Second Group \$ _____ <b>3,243.11</b>				
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WATC-DT	0.25			WPBA-DT/HD	0.25				
				WATC-DT	0.25				
Total DSEs _____ <b>0.25</b>					Total DSEs _____ <b>0.50</b>				
Gross Receipts Third Group \$ _____ <b>424,720.25</b>					Gross Receipts Fourth Group \$ _____ <b>81,732.16</b>				
Base Rate Fee Third Group \$ _____ <b>1,129.76</b>					Base Rate Fee Fourth Group \$ _____ <b>434.82</b>				
<b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ _____			

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>						SYSTEM ID# <b>062894</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>				
CALL SIGN		DSE	CALL SIGN		DSE	CALL SIGN		DSE	<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
<b>WGTV-DT/HD</b>		<b>0.25</b>				<b>WPBA-DT/HD</b>		<b>0.25</b>	
						<b>WATC-DT</b>		<b>0.25</b>	
Total DSEs _____ <b>0.25</b>					Total DSEs _____ <b>0.50</b>				
Gross Receipts First Group \$ _____ <b>182,791.09</b>					Gross Receipts Second Group \$ _____ <b>947,706.45</b>				
Base Rate Fee First Group \$ _____ <b>486.22</b>					Base Rate Fee Second Group \$ _____ <b>5,041.80</b>				
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>				
CALL SIGN		DSE	CALL SIGN		DSE	CALL SIGN		DSE	
<b>WPBA-DT/HD</b>		<b>0.25</b>							
Total DSEs _____ <b>0.25</b>					Total DSEs _____ <b>0.00</b>				
Gross Receipts Third Group \$ _____ <b>1,588,313.88</b>					Gross Receipts Fourth Group \$ _____ <b>250,015.08</b>				
Base Rate Fee Third Group \$ _____ <b>4,224.91</b>					Base Rate Fee Fourth Group \$ _____ <b>0.00</b>				
<b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ _____			

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>						SYSTEM ID# <b>062894</b>		Name		
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>										
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs _____ <b>0.00</b>				Total DSEs _____ <b>0.00</b>						
Gross Receipts First Group \$ _____ <b>0.00</b>				Gross Receipts Second Group \$ _____ <b>0.00</b>						
Base Rate Fee First Group \$ <input type="text" value="0.00"/>				Base Rate Fee Second Group \$ <input type="text" value="0.00"/>						
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs _____ <b>0.00</b>				Total DSEs _____ <b>0.00</b>						
Gross Receipts Third Group \$ _____ <b>0.00</b>				Gross Receipts Fourth Group \$ _____ <b>0.00</b>						
Base Rate Fee Third Group \$ <input type="text" value="0.00"/>				Base Rate Fee Fourth Group \$ <input type="text" value="0.00"/>						
<b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ <input type="text" value=""/>				

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

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>						SYSTEM ID# <b>062894</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
Total DSEs _____ <b>0.00</b>				Total DSEs _____ <b>0.00</b>					
Gross Receipts First Group \$ <b>6,263.96</b>				Gross Receipts Second Group \$ <b>23,010.51</b>					
Base Rate Fee First Group \$ <b>0.00</b>				Base Rate Fee Second Group \$ <b>0.00</b>					
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs _____ <b>0.00</b>				Total DSEs _____ <b>0.00</b>					
Gross Receipts Third Group \$ <b>63,766,111.13</b>				Gross Receipts Fourth Group \$ <b>12,951.67</b>					
Base Rate Fee Third Group \$ <b>0.00</b>				Base Rate Fee Fourth Group \$ <b>0.00</b>					
<b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ <b>0.00</b>			

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>						SYSTEM ID# <b>062894</b>		Name	
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs _____ <b>0.00</b>				Total DSEs _____ <b>0.00</b>					
Gross Receipts First Group <b>\$ 296,235.70</b>				Gross Receipts Second Group <b>\$ 406,404.59</b>					
Base Rate Fee First Group <b>\$ 0.00</b>				Base Rate Fee Second Group <b>\$ 0.00</b>					
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs _____ <b>0.00</b>				Total DSEs _____ <b>0.00</b>					
Gross Receipts Third Group <b>\$ 424,720.25</b>				Gross Receipts Fourth Group <b>\$ 81,732.16</b>					
Base Rate Fee Third Group <b>\$ 0.00</b>				Base Rate Fee Fourth Group <b>\$ 0.00</b>					
<b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						<b>\$</b> _____			

**9**

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

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>						SYSTEM ID# <b>062894</b>		Name
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>								
NINTH SUBSCRIBER GROUP				TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <span style="float: right;">0</span>				COMMUNITY/ AREA <span style="float: right;">0</span>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	<div style="font-size: 24pt; font-weight: bold;">9</div> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
Total DSEs			<u>0.00</u>	Total DSEs			<u>0.00</u>	
Gross Receipts First Group			\$ <u>182,791.09</u>	Gross Receipts Second Group			\$ <u>947,706.45</u>	
Base Rate Fee First Group			\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> <u>0.00</u>	Base Rate Fee Second Group			\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> <u>0.00</u>	
ELEVENTH SUBSCRIBER GROUP				TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <span style="float: right;">0</span>				COMMUNITY/ AREA <span style="float: right;">0</span>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			<u>0.00</u>	Total DSEs			<u>0.00</u>	
Gross Receipts Third Group			\$ <u>1,588,313.88</u>	Gross Receipts Fourth Group			\$ <u>250,015.08</u>	
Base Rate Fee Third Group			\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> <u>0.00</u>	Base Rate Fee Fourth Group			\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> <u>0.00</u>	
<b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)							\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	



### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>						SYSTEM ID# <b>062894</b>		Name		
<b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>										
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs _____ <b>0.00</b>				Total DSEs _____ <b>0.00</b>						
Gross Receipts First Group \$ _____ <b>0.00</b>				Gross Receipts Second Group \$ _____ <b>0.00</b>						
Base Rate Fee First Group \$ <span style="border: 1px solid black; padding: 2px;"> </span> <b>0.00</b>				Base Rate Fee Second Group \$ <span style="border: 1px solid black; padding: 2px;"> </span> <b>0.00</b>						
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA _____ <b>0</b>					COMMUNITY/ AREA _____ <b>0</b>					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs _____ <b>0.00</b>				Total DSEs _____ <b>0.00</b>						
Gross Receipts Third Group \$ _____ <b>0.00</b>				Gross Receipts Fourth Group \$ _____ <b>0.00</b>						
Base Rate Fee Third Group \$ <span style="border: 1px solid black; padding: 2px;"> </span> <b>0.00</b>				Base Rate Fee Fourth Group \$ <span style="border: 1px solid black; padding: 2px;"> </span> <b>0.00</b>						
<b>Base Rate Fee:</b> Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ <span style="border: 1px solid black; padding: 5px; display: inline-block; width: 100px; height: 15px;"> </span>				

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

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>	<b>SYSTEM ID#</b> <b>062894</b>
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**BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP**

9

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

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:

First 50 major television market
  Second 50 major television market

**INSTRUCTIONS:**

- Step 1:** In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.
- Step 2:** In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.
- Step 3:** In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.
- Step 4:** Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <span style="float: right;">-</span>	Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <span style="float: right;">-</span>
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group . . . . . \$ <input style="width: 100px;" type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group . . . . . \$ <input style="width: 100px;" type="text"/>
THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <span style="float: right;">-</span>	Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <span style="float: right;">-</span>
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group . . . . . \$ <input style="width: 100px;" type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>	

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Bellsouth Telecommunications, LLC</b>	<b>SYSTEM ID#</b> <b>062894</b>
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**BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP**

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

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:

First 50 major television market
  Second 50 major television market

**INSTRUCTIONS:**

- Step 1:** In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.
- Step 2:** In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.
- Step 3:** In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.
- Step 4:** Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <span style="float: right;">-</span>	Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <span style="float: right;">-</span>
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> First Group . . . . . \$ <input style="width: 80px;" type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Second Group . . . . . \$ <input style="width: 80px;" type="text"/>
SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <span style="float: right;">-</span>	Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . <span style="float: right;">-</span>
<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Third Group . . . . . \$ <input style="width: 80px;" type="text"/>	<b>SYNDICATED EXCLUSIVITY SURCHARGE</b> Fourth Group . . . . . \$ <input style="width: 80px;" type="text"/>
<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) . . . . . \$ <input style="width: 100px;" type="text"/>	



# Cable Worksheet

\$11,229,033.60 69  
**Total amount of remittance** **Number of SAs rec'd** **Initials**

02/26/21  
**Date of remittance**  Check  FT  FILING FEES

<b>Cable ID #</b>	62894	<b>Amount</b>	<b>Initials</b>
<b>Examined by</b>	<b>Reviewed by</b>	<b>Date examination completed</b>	<b>Allocation number</b>
TC		05/12/21	1034419
		\$724,098.77	

**Space A Accounting Period**

(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space B Owner**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space D Area Served**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space E Secondary Transission Service Subscribers: and Rates**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space G Primary Transmitters: Television**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space H Primary Transmitters: Radio**

Accepted  Phone call/Date/Contact

**Space I Substitute Carriage**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space J Part-time Carriage Log (SA3 only)**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space K Gross Receipts**

Letter sent  Information received

Letter sent  Phone call/Date/Contact

**Space L Copyright Filing and Royalty Fees**

Royalty Fee should be  Refund request to fiscal

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space M Channels**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space O Certification**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space P Statement of Gross Receipts**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space Q Interest Assessment**

Letter sent  Info/add'l fee received

Accepted  Phone call/Date/Contact