

### Worksheet C: Supplemental Data

Name of Operator:	(Entry needed in 1220FIL1.XLS.)	Page: 1	of
Franchise CUID:	(Entry	<b>SPECIAL NOTE:</b> Be sure to change the Page numbering at the upper right of page 1 of this worksheet. This is the total number of pages including Section 2. You can move this note by clicking and holding, then dragging.	(Entry need
Org Level:	(Entry		(Entry need

**Section 1. Complete and**

- 1
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|---|
| a. How many franchises are served by the system that is filing?                     |
| b. How many basic subscribers (households) are served by the system that is filing? |
| c. How many households are passed by the present system-wide distribution facility? |
| d. How many households are there in the system area?                                |

- What was the system penetration percentage at the end of the last fiscal year (Date of Report) and the previous two f
- |                           |
|---------------------------|
| e. Date of Report         |
| f. Previous Year End      |
| g. Next Previous Year End |

- h. The system primarily operates over an area that would be described as (insert one: rural, suburban, urban):
- i. Provide additional description of operating locale for the system if desired:
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| a. How many basic subscribers (households) are served in the franchise?             |
| b. How many households are passed by the present franchise distribution facilities? |
| c. How many households are there in the franchise area?                             |

- What was the penetration percentage at the end of the last fiscal year (Date of Report) and the previous two fiscal ye
- |                           |
|---------------------------|
| d. Date of Report         |
| e. Previous Year End      |
| f. Next Previous Year End |

- g. The franchise primarily operates over an area that would be described as (insert one: rural, suburban, urban):
- h. Provide additional description of operating locale for the franchise if desired:
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- 3
- Indicate the year:
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| a. Cable service was inaugurated in system             |
| b. Cable service was inaugurated in franchise          |
| c. The headend serving the franchise went into service |

- 4
- Indicate the number of miles:
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|---|
| a. In system-wide distribution facilities |
| b. Of fiber over the system               |
| c. In franchise distribution system       |
| d. Of fiber over the system               |

- 5
- |   |
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| What is the channel capacity of the system in which the franchise operates? |
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Org Level:	(Entry needed in 1220FIL2.XLS.)		Date of Report:	(Entry needed in 1220FIL2.XLS.)	

6 a. How many of the channels in the franchise are satellite channels?

How many channels in the franchise are used for:
b. Pay per View
c. Pay per Channel
d. Leased Access

e. How many of those offered on a pay per view basis are also offered in programming packages under the provision in §76.901(b)(3) of the FCC Rules?
f. How many channels in the system are offered on an unregulated basis?
g. How many channels are used for public, educational, or governmental (PEG) programming?

7 For leased access channels, describe for each access channel how it is offered (e.g., on basic tier, offered separately) and indicate how the lease access revenues were assigned to the service cost categories (i.e., which categories they were assigned to) (Generally, such revenues should be included in the cost of service filing in the Other Cable Revenues Line and should be assigned to the service cost category applicable considering how they are offered. Your description should confirm this or provide an explanation for other treatment.)


*Place an "X" to the left of the appropriate answer.*

8 a. Was system in which the franchise is operated built by filing operator or acquired from previous owner? Check one: <input type="checkbox"/> Built <input type="checkbox"/> Acquired
b. If acquired, was the filing franchise part of the system at the time of acquisition? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
c. If acquired, was the seller the original owner (i.e., the first owner) of the system? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No

If the system was acquired, what was the valuation of the following items associated with the acquired system at time of acquisition:

d. Selling Operator's Net Tangible Assets
e. Selling Operator's Net Intangible Assets, excluding Goodwill
f. Selling Operator's Recorded Net Goodwill
g. Acquiring Operator's Tangible Assets
h. Acquiring Operator's Recorded Intangibles excluding Goodwill
i. Acquiring Operator's Recorded Goodwill
j. Acquiring Operator's Total Acquisition Price
k. Original Cost of System (If not known, state "Not Known" and attach an explanation of the valuation adjustments made in Section 2 of this Worksheet.)

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9 For each of the following equipment categories state the accumulated depreciation balance, the average depreciation life and the related accumulated depreciation for the investment balances included on Schedule A.

Description	Accumulated Depreciation	Yrs.	Method
a. Headend	\$0	0	
b. Transmission Facilities and Equipment	\$0	0	
c. Distribution facilities (Trunk, drops, etc.)	\$0	0	
d. Circuit Equipment (amplifiers, power boosters, etc.)	\$0	0	
e. Maintenance Facilities (garages, warehouses, etc.)	\$0	0	
f. Maintenance Vehicles and Equipment	\$0	0	
g. Buildings (office)	\$0	0	
h. Office Furniture and Equipment	\$0	0	

If you wish to disaggregate any of the above because they are not readily combined or if you wish to add others not shown, report such below:

Line Number	Description	Accumulated Depreciation	Yrs.	Method
i. (Specify)		\$0	0	
j. (Specify)		\$0	0	
k.(Specify)		\$0	0	

10 For following intangible asset categories state, if applicable, the number of years over which each is being amortized

Description	Accumulated Amortization	Yrs.
a. Goodwill	\$0	0
b. Capitalized Losses (per FASB 51)	\$0	0
c. Customer Lists	\$0	0
d. Organizational Costs	\$0	0
e. Franchise Rights	\$0	0

11 Are any supplies, equipment, programming, or services provided by affiliates?

Check one: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for affiliates with 5% or more ownership in the filing entity, or for affiliates for which the filing entity has 5% more ownership, describe the product or service provided by each affiliate and the summary accounts affected. Indicate the valuation method employed or the adjustment applied on the cost of service filing to comply with FCC affiliate transaction rules.


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**Section 2. Include here all justifications, explanations and additional disclosures. Attach Section 2 for e  
organizational level for which a Schedule A is being submitted. NOTE: Attach as many page:**

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