FEDERAL COMMUNICATIONS COMMISSION WASHINGTON, D.C. 20554

BASIC SIGNAL LEAKAGE PERFORMANCE REPORT FORM 320

Note: FCC Privacy Act and Paperwork Reduction Act statements are at the end of the FCC Form 320 Instructions. SECTION I -- GENERAL INFORMATION (1) Cable System Owner: Phone Number: ___-_ - ___ Address: (City) (State) (ZIP) (2) Community Served: _____ (3) Community Unit No.: _____ (4) Physical System Id: _____ **SECTION II -- LOCAL SYSTEM INFORMATION** (1) Person(s) Resonsible for the report: Name: _____ (First) (M) Phone Number: ___-__ Address: _____ (State) (City) (ZIP) (2) Are aeronautical frequencies (i.e., 108-137 or 225-400 MHz) used by this cable television system? Yes: No: (a) If No, complete Section IV below and return to FCC. (b) If Yes, attach as Exhibit A all precisely offsetted aeronautical frequencies used by this Community Unit. (3) TEST RESULTS: CLI: 10logIoo: __ 10LogI3000: ____. Airspace: Passed: Failed: SECTION III -- LEAKAGE PERFORMANCE CRITERIA For operators conducting measurments on a geographical areas that contain more than one Community Unit, (e.g., headends that serve more than one community unit) fill in the measurment information below. NOTE: The submission of the accompanying exhibits, either B or C, may be incorporated by refrence to another Community unit filing that had undergone the same measurment tests as this Community Unit. That Community Unit must be identified by its Community Unit Code Number in response to Question (2) or (4) below. (1) GROUND-BASED MEASURMENTS: (if used) (a) Person(s) Responsible for the test: Name: (Last) (First) Phone Number: - -(b) Miles of plant tested & % of total plant tested: _____ m;

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Page 2 SECTION III -- LEAKAGE PERFORMANCE CRITERIA

(c) Attach as Exhibit B, the CLI calculation & Result including all parameters used. (dientify in this Exhibit all leaks ≥ 50 uV/m, and show their repaired dates, if any) (2) If Exhibit B is incorporated by reference, provide the community Unit No of the Form 320 with which Exhibit B was filed. (3) AIRSPACE MEASUREMENTS: (if used) (a) Person / Company Responsible for the test: Name: (Last, First, M, or Company Name) Phone Number: () To: / (MM /DD/YR) (MM /DD/YR) Test Freq.: (MIt2) (c) Attach as Exhibit C, a full description of the test procedure, a list of the equipment used for the airspace measurements and a detailed description of the area covered by these airspace measurements. (Set forth in this Exhibit all leaks detected during these airspace measurements that were subsequently repaired and their repair dates, if any.) (d) Recorded data and its analysis: (i) If analog recordings, include in Exhibit C, a graph of the results and indicate the value of the smoothed out peak values uV/m. (ii) If digitized recordings, include in Exhibit C, a plot of the results and indicate % of point recorded digitally below 10 uV/m: % (4) If Exhibit C is incorporated by reference, provide the community Unit No of the form 320 which Exhibit C was filed. SECTION IV — CERTIFICATION By signing below the operator certifies that in the case of an individual operator, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21, U. S. C. 862, or in the case of a non-individual operator (e. g. corporation, partnership, or other unincorporated association), no party to the operator is subject to a denial of federal benefit that includes FCC benefits pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21, U. S. C. 862, or in the case of a non-individual operator (e. g. corporation, partnership, or other unincorporated association), no party to the operator is subject	(C) Time period of the test:	(Continued) From://	TO:/	
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