\$0

\$0

Total Revenue and Income Adjustments

Total Revenue Requirement

6

Cost of Service Filing for Regulated Cable Services

| Community Unit Operating Name | | Community Unit II | (CUID) | Date of Filing |
|--|-------------------|--------------------------|----------------|------------------|
| Name of Cable Operator | | | | |
| • | | | | |
| Mailing Address | | | | |
| City | | State | | Zip Code |
| Ownership of Franchise (Place an "X" to the left of | the appropriate | answer.): | | |
| C-Corp | 11 1 | Subchapter S | | |
| Partnership | | Colo Proprietor | | |
| Partnership | | Sole Proprietor | | |
| Person to contact regarding this form: | | | | |
| m 1 1 | | II N. I | | |
| Telephone | | Fax Number | | |
| Local Franchising Authority | | () | | |
| Local Prancinsing Authority | | | | |
| Mailing Address | | | | |
| | | la. | | In: 6.1 |
| City | | State | | Zip Code |
| | | | | 1 |
| This form is being filed with respect to (Place an "? | K" to the left of | the appropriate answer | .): | |
| Basic Rate Regulation | OR | C | able Programm | ing Service Rate |
| | | | Ö | J |
| If this form is being filed in response to a complaint | - | | _ | |
| to this cover sheet. Refer to instructions for comple | ting Costs of Se | ervice Filing for Regula | ted Cable Serv | ices. |
| Part | Revenue Re | quirement Comput | ation | |
| | (a) | (b) | | |
| Line Number and Description | | Basic | CPS | Basic |
| 1 Net Rate Base | | \$0 | \$0 | |
| 2 Return on Investment | | | | 1 |
| a. Rate of Return Percentage | | | | |
| b. Computed Return on Rate Base | | | | \$0 |
| 3 Allowance for Income Taxes | | | | |
| a. Federal Income Tax Rate | | | | |
| b. State Income Tax Rate | | | | |
| c. Return on Rate Base | | \$0 | \$0 | |
| d. Interest Charges | | \$0 | \$0 | |
| e. Distributions (Non-C corp. filers only) | | | | |
| f. Contributions (Non-C corp. filers only) | | | | |
| g. Return Amount Subject to Income Tax | | \$0 | \$0 | |
| h. Income Tax Allowance | | | | \$0 |
| 4 Total Operating Expenses | | | | \$0 |

Part II. Charges for Regulated Services Computation

| | BASIC | | CPS | <u> </u> |
|---|-------------------|-----------------|----------|----------|
| Line Number and Description | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
| 1 Revenue Requirements* | \$0 | | | |
| 2 Number of Subscribers | | | | |
| 3 Annual Revenue Requirement per Subscriber | \$0.0000 | \$0.0000 | \$0.0000 | \$0.0000 |
| 4 Monthly Charge (Ex. Fee) | \$0.0000 | \$0.0000 | \$0.0000 | \$0.0000 |
| 5 Franchise Fee at: 0.00%. | | | | |
| 6 Service Charge Plus Franchise Fee | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| In addition to computed rates based on costs, provide the following: 7 | Requirement to CF | PS Tiers: | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Part | III. External | Costs Identific | ation | |
| | BASIC CPS | | | |
| Line Number and Description | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
| 1 Programming Costs | | | | |
| 2 Retransmission Consent Fees | | | | |
| 3 Franchise Fees | | | | |
| 4 Taxes - Specific to Cable Services | | | | |
| 5 Costs of Other Franchise Obligations | | | | |

CERTIFICATION STATEMENT

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONN (U.S. CODE TITLE 18, SECTION 1001), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify that the statements made in this form are true and correct to the best of my knowledge and belief, and are made in good faith.

Name of the Cable Operator

(Entry needed on Page 1 of this form.)

Date

Title

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 80 hours. Our estimate included the time to instructions, look through existing records, gather and maintain the required data, and actually complete and review the form reponse. If you have any comments on this burden estimate, or on how we can improve the collection and reduce the burden causes you, please e-mail them to pra@fcc.gov or send them to the Federal Communications Commission, AMD-PERM, Pa Reduction Project (3060-0594), Washington, DC 20554. Please DO NOT SEND COMPLETED FORMS TO THIS ADDRI you are not required to respond to a collection of information sponsored by the Federal government, and the government ma conduct or sponser this collection, unless it displays a currently valid OMB control number of if we fail to provide you with This collection has been assigned an OMB control number of 3060-0594.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, O 1995, 44 U.S.C. Section 3507.

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