

FCC FORM 1200
SETTING MAXIMUM INITIAL PERMITTED RATES FOR REGULATED CABLE SERVICES
PURSUANT TO RULES ADOPTED FEBRUARY 22, 1994
"FIRST-TIME FILERS FORM"

| | | |
|--|-------------------------|----------|
| Community Unit Identifier (CUID) of cable system | Date of Form Submission | |
| Name of Cable Operator | | |
| Mailing Address of Cable Operator | | |
| City | State | ZIP Code |
| Name and Title of person completing this form: | | |
| Telephone number | Fax Number | |

| | | |
|--|-------|----------|
| Name of Local Franchising Authority | | |
| Mailing Address of Local Franchising Authority | | |
| City | State | ZIP Code |

1. Place an "x" in the appropriate box:

A. Is this form being filed for the first time anywhere? YES NO

B. If you answered "no" to 1A., is this an exact copy of the FCC form 1200 submitted elsewhere? YES NO

C. If you answered "yes" to 1B., enter the date on which the FCC form in 1B. was filed. (mm/dd/yy)

2. Enter the date of the rates you are seeking to justify with this filing: (mm/dd/yy)

3. Indicate which of the following forms are attached by placing an "x" in the appropriate box(es):

FCC Form 1205 "Equipment Form" completed for the fiscal year closing: (mm/dd/yy)

FCC Form 1205 "Equipment Form" completed for the fiscal year closing: (mm/dd/yy)

FCC Form 1210, "Update Form" covering the period from: to

FCC Form 1215, "A la Carte Offerings".

| MODULE A: CALCULATING YOUR MONTHLY REGULATED REVENUES PER SUBSCRIBER AS OF MARCH 31, 1994 | | | | |
|--|--|--------------------|---------------------|---------------------|
| Line | Line Description | a Basic | b Tier 2 | c Tier 3 |
| A1 | Channels per Tier as of 3/31/94 | | | |
| A2 | Subscribers per Tier as of 3/31/94 | | | |
| A3 | Subscriber-Channels per Tier [A1x A2] | 0 | 0 | 0 |
| A4 | Sum of Subscriber-Channels [sum A3 col. a-e] | 0 | | |
| A5 | Percentage of Sub.-Channels per Tier [A3/A4] | 0 | 0 | 0 |
| A6 | Monthly Charge per Tier as of 3/31/94 | | | |
| A7 | Subscriber Revenue per Tier [A2x A6] | \$0.00 | \$0.00 | \$0.00 |
| A8 | Total Subscriber Revenue [sum A7 col. a-e] | \$0.00 | | |
| A9 | Total Equipment Revenue as of 3/31/94 | | | |
| A10 | Any Franchise Fees included in A8 or A9 | | | |
| A11 | Total Regulated Revenue [A8+A9-A10] | \$0.00 | | |
| A12 | Total Regulated Revenue per Sub. [A11/A2 col. a] | \$0.00 | | |

Have you already adjusted your current cable programming services rates to reflect permitted external costs that occurred before March 31, 1994?



If you indicated your March 31, 1994 CPS rates included all allowable external costs, an "X" will appear in the box to the left.

| MODULE B: ADJUSTMENTS FOR CERTAIN EXTERNAL COSTS THROUGH MARCH 31, 1994 | | | | |
|--|---|--------------------|---------------------|---------------------|
| Line | Line Description | a Basic | b Tier 2 | c Tier 3 |
| <i>Beginning Date External Cost Data</i> | | | | |
| B1 | Enter Beginning Date (mm/dd/yy) [See Instructions] | | | |
| B2 | Programming Cost per Tier on Beginning Date | | | |
| B3 | Taxes per Tier on Beginning Date | | | |
| B4 | Franchise Related Costs per Tier on Beginning Date | | | |
| B5 | Total External Costs per Tier [B2+B3+B4] | \$0.00 | \$0.00 | \$0.00 |
| B6 | Subscribers per Tier on Beginning Date | | | |
| B7 | Avg. Ext. per Sub. per Tier on Beginning Date [B5/B6] | \$0.00 | \$0.00 | \$0.00 |
| <i>March 31, 1994 External Cost Data</i> | | | | |
| B8 | Programming Costs per Tier on 3/31/94 | | | |
| B9 | Taxes per tier on 3/31/94 | | | |
| B10 | Franchise Related Costs per Tier on 3/31/94 | | | |
| B11 | Total External Costs per Tier [B8+B9+B10] | \$0.00 | \$0.00 | \$0.00 |
| B12 | Subscribers per Tier on 3/31/94 [A2] | 0 | 0 | 0 |
| B13 | Avg. Ext. Costs per Sub. per Tier on 3/31/94 | \$0.00 | \$0.00 | \$0.00 |
| <i>Change in External Costs</i> | | | | |
| B14 | Net External Costs per Sub per Tier [B13-B7] | \$0.00 | \$0.00 | \$0.00 |
| B15 | Net External Costs per Tier [B12 x B14] | \$0.00 | \$0.00 | \$0.00 |
| B16 | Total Net External Costs [sum B15 col. a-e] | \$0.00 | | |
| B17 | Avg. Change in Ext. Costs per Sub. [B16/B12 col. a] | \$0.00 | | |
| B18 | Current Rate without External Costs [A12] | \$0.00 | | |
| B19 | Current Rate with External Costs [B17+B18] | \$0.00 | | |

Do you qualify as a "Small Operator"?

If you indicated you qualify as a "Small Operator" an "X" will appear in the box to the left, then skip Module C.

| MODULE C: CALCULATING YOUR BENCHMARK USING MARCH 31, 1994 DATA | | | | |
|---|---|--------------------|---------------------|---------------------|
| Line | Line Description | a Basic | b Tier 2 | c Tier 3 |
| C1 | Channels per Tier as of 3/31/94 [A1] | 0 | 0 | 0 |
| C2 | Number of Regulated Non-Broadcast Channels per Tier | | | |
| C3 | Subscribers per Tier as of 3/31/94 [A2] | 0 | 0 | 0 |
| C4 | Number of Tier Changes in Fiscal Year 93 | | | |
| C5 | Census Income Level | | | |
| C6 | Number of Additional Outlets in Fiscal Year 93 | | | |
| C7 | Number of Remotes Rented in Fiscal Year 93 | | | |
| C8 | Number of System Subscribers | | | |
| C9a | Were you part of an MSO on 3/31/94? (1=Y, 0=N) | | | |
| C9b | Number of Systems in your MSO as of 3/31/94 | | | |
| C10 | Benchmark Rate | #DIV/0! | | |

| COMPARISON OF MARCH 31, 1994 RATE WITH BENCHMARK RATE | |
|--|--|
| If B19 (your 3/31/94 rate adjusted for external changes) is larger than C10 (your benchmark rate), skip Module D, and complete Module E. If C10 (your benchmark rate) is larger than B19 (your 3/31/94 rate adjusted for external changes), complete Module D, and skip Module E. | |
| #DIV/0! | |
| #DIV/0! | |

| MODULE D: RESTRUCTURED MARCH 31, 1994 RATES | | | | TO BE COMPLETED |
|--|---|--------------------|---------------------|------------------------|
| Line | Line Description | a Basic | b Tier 2 | c Tier 3 |
| D1 | Total Regulated Revenue per Sub. [line A12] | #DIV/0! | | |
| D2 | Monthly Equipment Cost per Sub. [From Form 1205] | | | |
| D3 | Monthly Service Revenue per Sub. [D1-D2] | #DIV/0! | | |
| D4 | Number of Subscribers per Tier as of 3/31/94 [A2] | #DIV/0! | #DIV/0! | #DIV/0! |
| D5 | Total Regulated Service Revenue [D3 x D4, col. a] | #DIV/0! | | |
| D6 | Percentage of Subscriber-Channels per Tier[A5] | #DIV/0! | #DIV/0! | #DIV/0! |
| D7 | Regulated Revenue per Tier [D5 x D6, col. a-e] | #DIV/0! | #DIV/0! | #DIV/0! |
| D8 | Regulated Revenue per Tier per Sub. [D7/D4] | #DIV/0! | #DIV/0! | #DIV/0! |
| D9 | Net External Cost per Tier per Sub. [B14] | #DIV/0! | #DIV/0! | #DIV/0! |
| D10 | Restructured 3/31/94 Rates [D8 + D9] | #DIV/0! | #DIV/0! | #DIV/0! |

If you completed Module D, go to Module F, and enter Line D10, columns a-e, on Line F1.

| MODULE E: RESTRUCTURED BENCHMARK RATES | | | | TO BE COMPLETED |
|---|---|--------------------|---------------------|------------------------|
| Line | Line Description | a Basic | b Tier 2 | c Tier 3 |
| E1 | Benchmark Rate [C10] | #DIV/0! | | |
| E2 | Monthly Equipment Cost per Sub. [From Form 1205] | | | |
| E3 | Benchmark Rate minus Equipment Cost [E1 - E2] | #DIV/0! | | |
| E4 | Number of Subscribers per Tier as of 3/31/94 [A2] | #DIV/0! | #DIV/0! | #DIV/0! |
| E5 | Total Regulated Service Revenue [E3xE4, col. a] | #DIV/0! | | |
| E6 | Percentage of Subscriber-Channels per Tier [A5] | #DIV/0! | #DIV/0! | #DIV/0! |
| E7 | Regulated Revenue per Tier [E5xE6, col. a-e] | #DIV/0! | #DIV/0! | #DIV/0! |
| E8 | Regulated Revenue per Tier per Sub. [E7/E4] | #DIV/0! | #DIV/0! | #DIV/0! |

If you completed Module E, go to Module F and enter Line E8, columns a-e, on Line F1.

| MODULE F: PROVISIONAL RATE | | | | |
|-----------------------------------|---------------------------|--------------------|---------------------|---------------------|
| Line | Line Description | a Basic | b Tier 2 | c Tier 3 |
| F1 | Provisional Rate per Tier | #DIV/0! | #DIV/0! | #DIV/0! |

| MODULE G: CALCULATING YOUR FULL REDUCTION RATE USING SEPTEMBER 30, 1992 DATA | | | |
|---|--|--------------------|---------------------|
| Line | Line Description | a Basic | b Tier 2 |
| G1 | Subscribers per Tier as of 9/30/92 | | |
| G2 | Monthly Charge per Tier as of 9/30/92 | | |
| G3 | Subscriber Revenue per tier [G1 x G2] | \$0.00 | \$0.00 |
| G4 | Total Subscriber Revenue [sum G3, col. a-e] | \$0.00 | |
| G5 | Total Equipment Revenue as of 9/30/92 | | |
| G6 | Any Franchise Fees included in G4 or G5 above | | |
| G7 | Total Regulated Revenue [G4+G5-G6] | \$0.00 | |
| G8 | Avg. Regulated Revenue per Sub. [G7/G1, col. a] | \$0.00 | |
| G9 | Adjusted for 17% Competitive Diff. [G8 x .83] | \$0.00 | |
| G10 | Avg. Reg. Rev. with Inflation to 9/30/93 [G9 x 1.03] | \$0.00 | |

| MODULE H: ADJUSTMENTS FOR CHANNEL CHANGES FROM SEPTEMBER 30, 1992 TO THE EARLIER OF THE DATE OF INITIAL REGULATION OR FEBRUARY 28, 1994 | | | |
|--|--|--------------------|---------------------|
| Line | Line Description | a Basic | b Tier 2 |
| <i>September 30, 1992 Data</i> | | | |
| H1 | Total Regulated Channels 9/30/92 | | |
| H2 | Subscribers to the System as of 9/30/92 | | |
| H3 | Total Regulated Satellite Channels as of 9/30/92 | | |
| <i>Data from the Earlier of the Date of Initial Regulation or February 28, 1994</i> | | | |
| H4 | Enter the Start Date [See Instructions]: | | |
| H5 | Total Regulated Channels | | |
| H6 | Subscribers to the System | | |
| H7 | Total System Regulated Satellite Channels | | |
| <i>Adjustment for Channel Changes</i> | | | |
| H8 | Adjustment Factor from Benchmark Formula | #DIV/0! | |
| H9 | Gross Full Reduction Rate [G10 x H8] | #DIV/0! | |

| MODULE I: RESTRUCTURED FULL REDUCTION RATE | | | | |
|---|--|--------------------|---------------------|---------------------|
| Line | Line Description | a Basic | b Tier 2 | c Tier 3 |
| I1 | Gross Full Reduction Rate [H9] | #DIV/0! | | |
| I2 | Monthly Equip. Cost per Sub. [From Form 1205] | | | |
| I3 | Full Reduction Rate [I1-I2] | #DIV/0! | | |
| I4 | Subscribers per Tier as of 3/31/94 [A2] | 0 | 0 | 0 |
| I5 | Regulated Revenue [I3 x I4, col. a] | #DIV/0! | | |
| I6 | Percentage of Subscriber-Channels [A5] | 0 | 0 | 0 |
| I7 | Regulated Revenue per Tier [I5 x I6 col. a-e] | #DIV/0! | #DIV/0! | #DIV/0! |
| I8 | Regulated Revenue per Tier per Sub. [I7/I4, col. a-e] | \$0.00 | \$0.00 | \$0.00 |
| <i>Data from the Earlier of the Date of Initial Regulation or February 28, 1994</i> | | | | |
| I9 | Enter Start Date (mm/dd/yy) [see instructions] | | | |
| I10 | Programming Cost per Tier at Start Date | | | |
| I11 | Taxes per Tier at Start Date | | | |
| I12 | Franchise Related Costs per Tier at Start Date | | | |
| I13 | Total External Costs per Tier [I10+I11+I12] | \$0.00 | \$0.00 | \$0.00 |
| I14 | Subscribers per Tier at Start Date | | | |
| I15 | Avg Ext Costs per Sub per Tier at Start Date [I13/I14] | \$0.00 | \$0.00 | \$0.00 |
| <i>Change in External Costs</i> | | | | |
| I16 | Avg. Ext. Costs per Sub. per Tier as of 3/31/94 [B13] | \$0.00 | \$0.00 | \$0.00 |
| I17 | Net Externals per Tier per Subscriber [I16-I15] | \$0.00 | \$0.00 | \$0.00 |
| I18 | Full Reduction Rate + Externals [I8+I17] | \$0.00 | \$0.00 | \$0.00 |

| MODULE J: COMPARISON OF PROVISIONAL RATE WITH FULL REDUCTION RATE | | | | |
|--|--|--------------------|---------------------|---------------------|
| Line | Line Description | a Basic | b Tier 2 | c Tier 3 |
| J1 | Subscribers per Tier as of 3/31/94 [A2] | 0 | 0 | 0 |
| J2 | Weighting Factor [J1 col. a-e / J1 col. a] | 0 | 0 | 0 |
| J3 | Provisional Rate [F1] | #DIV/0! | #DIV/0! | #DIV/0! |
| J4 | Weighted Provisional Rate [J2 x J3] | #DIV/0! | #DIV/0! | #DIV/0! |
| J5 | Aggregate Provisional Rate [sum J4 col. a-e] | #DIV/0! | | |
| J6 | Full Reduction Rate [I18] | \$0.00 | \$0.00 | \$0.00 |
| J7 | Weighted Full Reduction Rate [J6 x J2] | \$0.00 | \$0.00 | \$0.00 |
| J8 | Aggregate Full Reduction Rate [sum J7 col a-e] | \$0.00 | | |
| COMPARE LINES J5 AND J8. | | | | |
| If J5 is larger than J8, enter the amounts from Line J3 (your provisional rate) in Line K1 below. | | | | |
| If J8 is larger than J5, enter the amounts from Line J6 (your full reduction rate) in Line K1 below. | | | | |

| MODULE K: MAXIMUM PERMITTED RATES BY TIER | | | | |
|--|-------------------------|---------|---------|---------|
| K1 | MAXIMUM PERMITTED RATES | #DIV/0! | #DIV/0! | #DIV/0! |

Note 1: The maximum permitted rate figures do not include franchise fees. The amounts billed to your subscribers will be the sum of the appropriate permitted rate and any applicable franchise fee.

Note 2: The maximum permitted rate figures do not take into account any refund liability you may have. If you have previously been ordered by the Commission or your local franchising authority to make refunds to subscribers, you are not relieved of your obligation to make such refunds regardless of whether the permitted rate may be higher than the contested rate or your current rate.

CERTIFICATION STATEMENT

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (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.

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| Name of the Cable Operator | Signature |
| Date | Title |

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| IF LINE B19 < C10 | |
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| IF B19>C10 | |
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