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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|
| Community Unit Operating Name                                                                                                                                                                                                    | Community Unit ID (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.):<br>_____ C-Corp                      _____ Subchapter S<br>_____ Partnership                      _____ Sole Proprietor                      _____ |                          |                |
| Person to contact regarding this form:                                                                                                                                                                                           |                          |                |
| Telephone<br>(     )                                                                                                                                                                                                             | Fax Number<br>(     )    |                |
| Local Franchising Authority                                                                                                                                                                                                      |                          |                |
| Mailing Address                                                                                                                                                                                                                  |                          |                |
| City                                                                                                                                                                                                                             | State                    | Zip Code       |

This form is being filed with respect to (Place an "X" to the left of the appropriate answer.):

\_\_\_\_\_ Basic Rate Regulation                      OR                      \_\_\_\_\_ Cable Programming Service Rate R

If this form is being filed in response to a complaint about you cable programming service rates, please attach a copy of the complaint to this cover sheet. Refer to instructions for completing Costs of Service Filing for Regulated Cable Services.

**Part I. Revenue Requirement Computation**

| Line Number and Description                | (a) | (b)   |     | (c) |
|--------------------------------------------|-----|-------|-----|-----|
|                                            |     | Basic | CPS |     |
| 1 Net Rate Base                            |     | \$0   | \$0 |     |
| 2 Return on Investment                     |     |       |     |     |
| 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 |
| 5 Total Revenue and Income Adjustments     |     |       |     | \$0 |
| 6 Total Revenue Requirement                |     |       |     | \$0 |

**Part II. Charges for Regulated Services Computation**

| Line Number and Description                                          | BASIC    | CPS      |          |          |
|----------------------------------------------------------------------|----------|----------|----------|----------|
|                                                                      | 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 Current Charges                                                    |          |          |          |          |
| 8 Benchmark Rates                                                    |          |          |          |          |
| 9 Total Revenues                                                     |          |          |          |          |
| 10 Number of Channels                                                |          |          |          |          |

\*Provide description of allocation of CPS Revenue Requirement to CPS Tiers:

**Part III. External Costs Identification**

| Line Number and Description            | BASIC  | CPS    |        |        |
|----------------------------------------|--------|--------|--------|--------|
|                                        | 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 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.

|                                                                             |           |
|-----------------------------------------------------------------------------|-----------|
| Name of the Cable Operator<br><b>(Entry needed on Page 1 of this form.)</b> | Signature |
| 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 response. If you have any comments on this burden estimate, or on how we can improve the collection and reduce the burden on you, please e-mail them to [pra@fcc.gov](mailto:pra@fcc.gov) or send them to the Federal Communications Commission, AMD-PER, Paperwork Reduction Project (3060-0594), Washington, DC 20554. Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number. 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, ON MAY 3, 1995, 44 U.S.C. Section 3507.**

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