FORM 1205 DETERMINING REGULATED EQUIPMENT AND INSTALLATION COSTS "EQUIPMENT FORM"

Community Unit Identifier (CUID) of cable system	Į.	Date of Form Submis	sion	
Name of Cable Operator	L			
Mailing Address of Cable Operator				_
City	S	State	ZIP Code	1
Name and Title of person completing this form:	<u>l</u> _			1
Telephone number	F	Fax Number		
Name of Local Franchising Authority				
Mailing Address of Local Franchising Authority			47446874	
City	S	State	ZIP Code	1
ils form is being filed: [Enter an "x" in the appropriate box]				
In conjunction with FCC Form 1200, FCC Form 1220, or FCC Form 1 Attach the completed FCC Form 1200, FCC Form 1220, or FCC Form		it of this form.		
In conjunction with FCC Form 1200, FCC Form 1220, or FCC Form 1		t of this form.		
In conjunction with FCC Form 1200, FCC Form 1220, or FCC Form 1 Attach the completed FCC Form 1200, FCC Form 1220, or FCC Form OR	1225 to the front	(mm/dd/yy)	ling of this form, were in effect.	
In conjunction with FCC Form 1200, FCC Form 1220, or FCC Form 1 Attach the completed FCC Form 1200, FCC Form 1220, or FCC Form OR In order to fulfill FCC rules requiring an annual filing of this form Enter the date on which you last filed this form Note: This should be the date on which the rates last justified, by using	1225 to the front (ceither FCC Form	(mm/dd/yy) n 393 or the prior fi n:	ling of this form, were in effect.	(mm/do
In conjunction with FCC Form 1200, FCC Form 1220, or FCC Form I Attach the completed FCC Form 1200, FCC Form 1220, or FCC Form OR In order to fulfill FCC rules requiring an annual filing of this form Enter the date on which you last filed this form Note: This should be the date on which the rates last justified, by using ter the date on which you closed your books for the fiscal year reflex Note: This will indicate the end of the 12-month fiscal year for which you dicate the corporate status of your cable system [Enter an "x" in the static property of the system of t	either FCC Form	(mm/dd/yy) n 393 or the prior fi n:	ling of this form, were in effect.	(mm/dd
In conjunction with FCC Form 1200, FCC Form 1220, or FCC Form I Attach the completed FCC Form 1200, FCC Form 1220, or FCC Form OR In order to fulfill FCC rules requiring an annual filing of this form Enter the date on which you last filed this form Note: This should be the date on which the rates last justified, by using ter the date on which you closed your books for the fiscal year reflex Note: This will indicate the end of the 12-month fiscal year for which you consider the second of the 12-month fiscal year for which you consider the second of the 12-month fiscal year for which you consider the second of the 12-month fiscal year for which you consider the second of the 12-month fiscal year for which you consider the second of the 12-month fiscal year for which you consider the second of the 12-month fiscal year for which you consider the second of the 12-month fiscal year for which you consider the second of the 12-month fiscal year for which you can be second or you consider the second of the 12-month fiscal year for which you can be second or you can be s	either FCC Form	(mm/dd/yy) n 393 or the prior fi n:	ling of this form, were in effect.	(mm/do
In conjunction with FCC Form 1200, FCC Form 1220, or FCC Form I Attach the completed FCC Form 1200, FCC Form 1220, or FCC Form OR In order to fulfill FCC rules requiring an annual filing of this form Enter the date on which you last filed this form Note: This should be the date on which the rates last justified, by using ter the date on which you closed your books for the fiscal year reflex Note: This will indicate the end of the 12-month fiscal year for which you dicate the corporate status of your cable system [Enter an "x" in the C-Corporation Subchapter S corporation Partnership	either FCC Form	(mm/dd/yy) n 393 or the prior fi n:	ling of this form, were in effect.	(mm/dd
In conjunction with FCC Form 1200, FCC Form 1220, or FCC Form I Attach the completed FCC Form 1200, FCC Form 1220, or FCC Form OR In order to fulfill FCC rules requiring an annual filing of this form Enter the date on which you last filed this form Note: This should be the date on which the rates last justified, by using ter the date on which you closed your books for the fiscal year reflex Note: This will indicate the end of the 12-month fiscal year for which you dicate the corporate status of your cable system [Enter an "x" in the C-Corporation Subchapter S corporation	either FCC Form	(mm/dd/yy) n 393 or the prior fi n:	ling of this form, were in effect.	(mm/4

A	Equipment and Plant	Vehicles	Tools	Maintenance Facilities	Other 1. (Specify below)	Other 2. (Specify below)
В	Gross Book Value					
2	Accumulated Depreciation					
)	Deferred Taxes					·
Ξ	Net Book Value [B-(C+D)]	\$0,00	\$0.00	\$0,00	\$0.00	\$0.00
-	Rate of Return					
3	Calculation of Gross-up Rate					
31	Federal Income Tax Rate					
32	State Income Tax Rate					
33	Net Total Income Tax Rate [(G1+G2)-(G1 x G2)]	0.				
3 4	Adjustment to Reflect Interest Deductibility					
34a	Actual Interest Amount					
34b	Total Net Assets					
i4c	Base Return on Investment Amount [G4b x F]	\$0.00				
i4d	Interest Deductibility Factor [G4a/G4c]	#DIV/0!				
35	Effective Tax Rate [G3 x (1-G4d)] [C-Corps skip to G7]	#DIV/0!				
i6	Adjustments for Non-C Corporations					
6a	Base Return on Investment Amount [G4c]	\$0.00				
6b	Distributions					
6c	Contributions (may not exceed G6b)					
i6d	Returns Subject to Income Tax [G6a-G6b+G6c]	\$0,00				
6e	Returns Percentage Subject to Income Tax [G6d/G6a]	#DIV/0!				
7	Gross-Up Rate [C-Corps: 1/(1-G5) Other: 1/(1-(G5 x G6e))]	#DIV/01				
	Grossed-Up Rate of Return [F x G7]	#D1V/0!				
	Return on Investment Grossed-Up for Taxes[E x H]	#DIV/0!	#DIV/0!	#D1V/0!	#DIV/0!	#DIV/0
_	Current Provision for Depreciation					
	Annual Capital Costs [I+J]	#D1\//01	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
	GRAND TOTAL [sum of Line K entries]	#DIV/0!				

Specify: Other 1.		
Specify: Other 2.		

SCF	SCHEDULE B: ANNUAL OPERATING EXPENSES FOR SERVICE INSTALLATION AND MAINTENANCE OF EQUIPMENT								
		Salaries & Benefits	Supplies	Utilities	Other Taxes	Other 1. (Specify below)	Other 2, (Specify below)		
A	Annual Op. Expenses for Svc. Install, and Maint, of Equip.		**			<u> </u>			
В	GRAND TOTAL [sum of Line A entries]	\$0.00							
		Box 2.							

Specify: Other 1.	
Specify: Other 2.	

4	Equipment	Remote 1	Remote 2	Remote 3	Converter 1	Converter 2	Converter 3	Other Equip.
3	Total Maintenance/Service Hours (Attach Explanation)							
	Total # of Units in Service							
	Gross Book Value							
	Accumulated Depreciation							
	Deferred Taxes							
	Net Book Value [D-(E+F)]	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00	\$0,00	\$0.0
_	Grossed-Up Rate of Return [From Sched. A, Line H]	#DIV/0!						
_	Return on Investment Grossed-Up for Taxes [G x H]	#DIV/0!	#D1V/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/
	Current Provision for Depreciation							
	Annual Capital Costs [I + J]	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#D1V/0!	#DIV/0!	#DIV/0
	GRAND TOTAL [sum of Line K entries]	#DIV/0!						

Box 3.

SCHEDULE D: AVERAGE HOURS PER INSTALLATION	
A. Average Hours per Unwired Home Installation (attach an explanation)	
B. Average Hours per Pre-Wired Home Installation (attach an explanation)	
C. Average Hours per Additional Connection Installation at Time of Initial Installation (attach an explanation)	
D. Average Hours per Additional Connection Installation Requiring Separate Installation (attach an explanation)	
E. Other Installation (by Item Type):	
Item 1. (Specify:)	
Average Hours per Installation (attach an explanation)	
Item 2. (Specify:)	
Average Hours per Installation (attach an explanation)	
Item 3. (Specify:)	
Average Hours per Installation (attach an explanation)	

	DRKSHEET FOR CALCULATING PERMITTED EQUIPMENT AND INSTALLATION CHARGES EP A. Hourly Service Charge	
31.		
1.	Total Capital Costs of Installation and Maintenance [Schedule A, Box 1]	#DIV/0
2.	Total Annual Operating Expenses for Installation and Maintenance [Schedule B, Box 2]	\$0.00
3.	Total Capital Costs and Operating Expenses for Installation and Maintenance [Line 1 + Line 2].	#DIV/0
4.	Customer Equipment and Installation Percentage (attach an explanation).	
5.	Annual Customer Equipment Maintenance and Installation Costs, Excluding Costs of Leased Equipment [Line 3 x Line 4]	#DIV/0
6.	Total Labor Hours for Maintenance and Installation of Customer Equipment and Services (attach explanation)	
7.	Hourly Service Charge (HSC) (Line 5/Line 6)	#DIV/0!

METI	HOD OF BILLING FOR INSTALLATIONS (place an "x" in the appropriate box)
	Installations billed by the hour based on the HSC calculated in Line 7.
	Installations billed as a standard charge.

STEP B. Installation Charge		
Uniform HSC for all installations (From Step A, line 7)		
OR		
Average Charge for Installation Types		
a. Unwired Home Installation		
a1. HSC [Line 7]	#D1V/0!	
a2. Average Hours per Unwired Home Installation (Schedule D, Line A)	0.	
a3. Charge per Unwired Home Installation [a1 x a2]	800000000000000000000000000000000000000	
b. Pre-wired Home Installation		******
b1. HSC [Line 7]	#DIV/0!	
b2. Average Hours per Pre-wired Home Installation (Schedule D, Line B)	0.	
b3. Charge per Pre-wired Home Installation [b1 x b2]		
c. Additional Connection Installation at Time of Initial Installation		3000000
c1. HSC [Line 7]	#DIV/0!	
c2. Average Hours per Additional Connection Installation at Time of Init. Install. [Schedule D, Line	; C] 0.	<u> </u>
c3. Charge per Additional Connection Installation at Time of Initial Installation [c1 x c2]		
d. Additional Connection Installation Requiring Separate Installation		
d1. HSC [Line 7]	#DIV/01	***
d2. Avg. Hours per Additional Connection Installation Req. Sep. Install. [Schedule D, Line D]	0.	
d3. Charge per Additional Connection Installation Requiring Separate Installation [d1 x d2]		
e. Other Installations (As specified in Schedule D, Line E):		
el. HSC [Line 7]	#DIV/01	
e2. Average Hours per Installation of Item 1 [Schedule D, Line E, Item 1]	0.	
e3. Charge per Installation of Item 1 [e1 x e2]		
e4. HSC [Line 7]	#DIV/0!	
e5. Average Hours per Installation of Item 2 [Schedule D, Line E, Item 2]	0.	
e6. Charge per Installation of Item 2 [e4 x e5]	#55551454145555555 	
e7. HSC [Line 7]	#DIV/0!	
e8. Average Hours per Installation of Item 3 [Schedule D, Line E, Item 3]	0.	
e9. Charge per Installation of Item 3 [e7 x e8]		

STEP C. Charges for leased Remotes (Calculate separately for each significantly different type)	a Remote i	b Remote 2	c Remote 3
10. Total Maintenance/Service Hours [Corresponding column from Schedule C, Line B]		Remote 2	
11. HSC [Line 7]	**************************************	#DIV/0!	
12. Total Maintenance/Service Cost [Line 10 x Line 11]		#DIV/0!	
13. Annual Capital Costs [Corresponding column from Schedule C, Line K]	#DIV/0	#DIV/0!	#DIV/0!
14. Total Cost of Remote [Line 12 + Line 13]	#DIV/0	#DIV/0!	#DIV/0!
15. Number of Units in Service [Corresponding column from Schedule C, Line C]	0.	0.	0.
16. Unit Cost [Line 14/Line 15]	\$0.00	\$0.00	\$0.00
17. Rate per Month [Line 16/(12)]	\$0.00	\$0.00	\$0.00

STEP D. Charges for leased Converter Boxes	a	b	С
(Calculate separately for each significantly different type)	Converter 1	Converter 2	Converter 3
18. Total Maintenance/Service Hours [Corresponding column from Schedule C, Line B]	0,	0.	0.
19. HSC [Line 7]	#DIV/0!	#DIV/0!	#DIV/0!
20. Total Maintenance/Service Cost [Line 18 x 19]	#DIV/01	#DIV/0!	#DIV/01
21. Annual Capital Costs [Corresponding column from Schedule C, Line K]	#DIV/0!	#DIV/0!	#DIV/0!
22. Total Cost of Converter [Line 20+ Line 21]	#DIV/0!	#DIV/0!	#DIV/0!
23. Number of Units in Service [Corresponding column from Schedule C, Line C]	0.	0.	0.
24. Unit Cost [Line 22/Line 23]	\$0,00	\$0.00	\$0.00
25. Rate per Month [Line 24/(12)]	\$0.00	\$0,00	\$0.00

STEP E. Charges for Other Leased Equipment		
26.	Total Maintenance/Service Hours [Corresponding column from Schedule C, Line B]	0.
27.	HSC [Line 7]	#DIV/0!
28.	Total Maintenance/Service Cost [Line 26 x Line 27]	#DIV/0!
29.	Annual Capital Costs [Corresponding column from Schedule C, Line K]	#DIV/0i
30.	Total Cost of Equipment [Line 28+Line 29]	#DIV/0!
31.	Number of Units in Service [Corresponding column from Schedule C, Line C]	0.
32.	Unit Cost [Line 30/Line 31]	\$0.00
33.	Rate per Month [Line 32/(12)]	\$0.00

MET	THOD OF BILLING FOR CHANGING SERVICE TIERS OR EQUIPMENT [place an "x" in the appropriate box]
	as a Nominal Charge (Enter the nominal charge in Line 34)
	as a Uniform Hourly Service Charge
	as an Average Charge (Enter the Average Hours for Changing Service Tiers in Line 36b.)

STE	P F. Charges for Changing Service Tiers or Equipment		
34.	Nominal Charge for Changing Service Tiers		
	If you use an escalating scale of charges, place an "x" in the box at the right.		
	OR	•	
35.	Uniform Hourly Service Charge		
	OR		
36.	Average Charge for Changing Service Tiers		
	36a. HSC [Line 7]		#DIV/0!
	36b. Average Hours to Change Service Tiers		
	36c. Average Charge for Changing Service Tiers [Line 36a x Line 36b]		

wo	ORKSHEET FOR CALCULATING TOTAL EQUIPMENT AND INSTALLATION COSTS	
1.	Total Capital Costs of Installation and Maintenance [Schedule A, Box 1]	#DIV/0!
2.	Total Annual Operating Expenses for Installation and Maintenance [Schedule B, Box 2]	\$0.00
3.	Total Annual Capital Costs of Installation and Maintenance [Line 1 + Line 2]	#DIV/0!
4.	Customer Equipment and Installation Percentage (attach explanation).	
5.	Annual Customer Equipment Maintenance and Installation Costs, Excluding Costs of Leased Equipment	#DIV/0!
	[Line 3 x Line 4]	This is the state of the state
6.	Total Capital Costs of Leased Customer Equipment [Schedule C, Box 3]	#DIV/0!
7.	Annual Customer Equipment and Installation Costs [Line 5 + Line 6]	#D1V/0!
8.	Percentage Allocation to Franchise Area (see instructions)	
9.	Allocated Annual Equipment and Installation Cost [Line 7 x Line 8]	#DIV/0!
10.	Monthly Equipment and Installation Cost [Line 9 / (12)]	#D1√/0!
11.	Number of Basic Subscribers in Franchise	
12.	Monthly Equipment and Installation Cost per Subscriber [Line 10 / Line 11]	#DIV/0!
13.	Inflation Adjustment Factor [See Instructions]	
14.	Adjusted Monthly Equipment and Installation Cost per Subscriber [Line 12 x Line 13]	#DIV/0!

SUMMARY SCHEDULE

Curre	Current Equipment and Installation Rates Permitted Actual		Actual		
1.	Charges for Cable Service Installations				
	a. Hourly Rate [Step A, Line 7]		<u> </u>		
	b. Average Installation Charges:	1.000.000.0000.0000.0000	3		
	Installation of Unwired Homes [Step B, Line 9a3]				
	2. Installation of Prewired Homes [Step B, Line 9b3]				
	3. Installation of Additional Connections at Time of Initial Installation [Step B, Line 9c3]				
	4. Installation of Additional Connections Requiring Separate Install [Step B, Line 9d3]				
	5. Other Installations (specify) [Step B, Lines 9e3, 9e6, 9e9]				
	a.				
	b.				
	c.				
:.	Monthly Charge for Lease of Remote Controls [Step C, Line 17, columns a-c]				
	Remote Control Type 1:	\$0.00			
	Remote Control Type 2:	\$0.00			
	Remote Control Type 3:	\$0.00			
	Monthly Charge for Lease of Converter Boxes [Step D, Line 25, columns a-c]				
	Converter Box Type 1:	\$0.00			
	Converter Box Type 2:	\$0.00			
	Converter Box Type 3:	\$0.00			
	Monthly Charge for Lease of Other Equipment [Step E, Line 33]				
	Other Equipment (Specify)	\$0,00			
	Charge for Changing Tiers (if any) [Step F, Line 34, 35 or 36c]				

LABOR COST AND POLICY CHANGES		
Indicate your answer to the following three questions by placing an "x" in the appropriate box		
Have you included the labor costs associated with subscriber cable drops in your charges for initial installation? YES NO		
2. Have you capitalized the labor costs associated with subscriber cable drops? YES NO		
3. If you have filed this form before, have you changed any policy, e.g., cost accounting or cost allocation that causes an increase in the costs included in the computation of equipment and installations charges?		
YES (You must attach a full explanation)		

CERTIFICATION STATEMENT

NO

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).

de in good faith

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	Signature	
·		
Date	Title	