This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

### SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
8/25/2020	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:					
Accounting	2020/1					
Period						
Bowner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busine. If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable syster on the last day of to	em. he accounting period should st			
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM COXCOM, LLC					
				00799020201		
				007990 2020/1		
	6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR ATLANTA, GEORIGA 30328					
С	INSTRUCTIONS: In line 1, give any business or trade names used to					
	names already appear in space B. In line 2, give the mailing address of	or the system, if di	Terent from the address giv	en in space B.		
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	MAILING ADDRESS OF CABLE SYSTEM:					
	2 (Number, street, rural route, apartment, or suite number)					
	(City, town, state, zip code)					
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b		
Area	with all communities.					
Served	CITY OR TOWN	STATE				
First	TULSA	ок				
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#		
Sample	Alda	MD	A	1		
	Alliance	MD	В	2		
	Gering	MD	В	3		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Instructions: List each separate community served by the cable system. A 'community' is the same as a 'community until' as define in FCO cales': a special community of municipal cnttly (including unincoposated communities within unincorporated areas and including single, discrete summon control of area. *If C.F.R. §76.50d]. The first community but you tilt will serve as a form of the community of the community of the community of the community but you tilt will serve as a form of the community of the community but you tilt will serve as a form of the community of the community but you tilt will serve as a form of the community but you tilt will serve as a form of the community but you tilt will serve as a form of the community but you tilt will serve as a form of the community but the community will be communitied with the communities will be communitied with the communities will be communitied with the communities will be communitied by a number (based on your reporting from Part 9). When treporting the community will be communitied by a number (based on your reporting from Part 9). When treporting the community will be community will be communitied by a number (based on your reporting from Part 9). When treporting the community will be community will be community will be community will be communitied by a number (based on your reporting from Part 9). When treporting the community will be com	LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
In FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community to all titure filings  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenthese: below the identified city or town  If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any station on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group designated by a number (based on your reporting from Part 9)  When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up for all), then either associate designated by a number (based on your reporting from Part 9)  When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up for all), then either associate the column blank. If you report any station on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group designated by a number (based on your reporting from Part 9)  When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up for all), then either associate the column blank. If you report any station on a partially distant or	COXCOM, LLC			007990	
below the identified city or town  If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any station on a partially distant or partially bermitted basis in the DSE Schedule, associate each relevant community with a subscriber group designated by a number (based on your reporting from Part 9)  When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a numbe (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below  CITY OR TOWN  STATE  CH LINE UP  SUB GRP#  TULSA  OK  OK  CATOOSA  OK  CATOOSA  OK  CLAREMORE  COWETA  OK  CREEK COUNTY  GLEENPOOL  JENKS  OK  USEFR  OK  OK  OK  OK  OK  OK  OK  OK  OK  O	in FCC rules: "a separate and distinct community or municipal entity (including uninco areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The	rporated commur	nities within uninco at you list will serv	orporate	Area
all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any station on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group designated by a number (based on your reporting from Part 9)  When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with : channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a numbe (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below  CITY OR TOWN  STATE  CH LINE UP  SUB GRP#  TULSA  OK  CHANNEW  CATOOSA  OK  CATOOSA  OK  CATOOSA  CREEK COUNTY  GLEENPOOL  JENKS  KIEFER  OK  OK  SAGE COUNTY  OWASSO  ROGERS COUNTY  ONASSO  ROGERS COUNTY  SAND SPRINGS  SAPULPA  TULSA COUNTY  OK  SAPULPA  OK  SAPULPA  OK  SAPULPA  OK  OK  SAPULPA  O		ome parks should	be reported in pa	arenthese	
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a numbe (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below  CITY OR TOWN  STATE  CH LINE UP  SUB GRP#  TULSA  OK  BIXBY  OK  CATOOSA  OK  CATOOSA  OK  COWETA  COWETA  CREEK COUNTY  GLEENPOOL  JENKS  KIEFER  OK  OK  OK  OSAGE COUNTY  OWASSO  ROGERS COUNTY  OK  SAPULPA  TULSA COUNTY  OK  SAPULPA  OK  OK  OK  OK  OK  OK  OK  OK  OK  O	all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each	the column blank	. If you report any	station	
TULSA BIXBY OK CATOOSA CLAREMORE COWETA CREEK COUNTY GLEENPOOL JENKS NIEFER OK COSAGE COUNTY OWASSO ROGERS COUNTY OWASSO SAPULPA TULSA COUNTY OK  SAND SPRINGS SAPULPA TULSA COUNTY OK  OK COK COK COK COK COK COK COK COK	channel line-up designated by an alpha-letter(s) (based on your Space G reporting) a	nd a subscriber g			
BIXBY BROKEN ARROW OK CATOOSA OK CLAREMORE OK COWETA OK CREEK COUNTY OK GLEENPOOL JENKS OK KIEFER OK OSAGE COUNTY OK OWASSO OWASSO ROGERS COUNTY OK SAND SPRINGS SAPULPA TULSA COUNTY OK CATOOSA OK OK COMBUST OK OK COMBUST	CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
BROKEN ARROW CATOOSA OK CLAREMORE OK COWETA OK CREEK COUNTY OK GLEENPOOL OK KIEFER OK OSAGE COUNTY OK OSAGE COUNTY OK ROGERS COUNTY OK SAND SPRINGS OK SAPULPA TULSA COUNTY OK	TULSA	OK			First
CATOOSA CLAREMORE OK COWETA OK CREEK COUNTY OK GLEENPOOL OK KIEFER OK OSAGE COUNTY OWASSO OK ROGERS COUNTY OK SAND SPRINGS SAPULPA TULSA COUNTY OK  OK CLAREMORE OK OK SEE INSTRUCTIONS for additional information on alphabetization.  See instructions for additional information on alphabetization.  OK Add rows as necessary.	BIXBY	OK			Community
CLAREMOREOKSee instructions for additional information on alphabetization.CREEK COUNTYOKAdd rows as necessary.GLEENPOOLOKAdd rows as necessary.JENKSOKAdd rows as necessary.OSAGE COUNTYOKAdd rows as necessary.OWASSOOKAdd rows as necessary.SAND SPRINGSOKAdd rows as necessary.SAPULPAOKAdd rows as necessary.TULSA COUNTYOKAdd rows as necessary.	BROKEN ARROW	OK			
COWETAOKSee instructions for additional information on alphabetization.CREEK COUNTYOKOKGLEENPOOLOKOKJENKSOKOKKIEFEROKOKOSAGE COUNTYOKOKOWASSOOKOKROGERS COUNTYOKOKSAND SPRINGSOKOKSAPULPAOKOKTULSA COUNTYOKOK	CATOOSA	OK			
CREEK COUNTY GLEENPOOL OK JENKS OK KIEFER OK OSAGE COUNTY OK OWASSO OK ROGERS COUNTY OK SAND SPRINGS OK SAPULPA TULSA COUNTY OK Add rows as necessary.	CLAREMORE	OK			
GLEENPOOL  JENKS  KIEFER  OK  OSAGE COUNTY  OWASSO  ROGERS COUNTY  OK  SAND SPRINGS  OK  SAPULPA  TULSA COUNTY  OK  OK  OK  OK  OK  OK  OK  OK  OK  O	COWETA	OK			See instructions for
JENKS OK KIEFER OK OSAGE COUNTY OK OWASSO OK ROGERS COUNTY OK SAND SPRINGS OK SAPULPA OK TULSA COUNTY OK					
KIEFER       OK       OK         OSAGE COUNTY       OK       Add rows as necessary.         OWASSO       OK       OK         ROGERS COUNTY       OK       OK         SAND SPRINGS       OK       OK         SAPULPA       OK       OK         TULSA COUNTY       OK       OK					on alphabetization.
OSAGE COUNTY OWASSO OK ROGERS COUNTY OK SAND SPRINGS OK SAPULPA TULSA COUNTY OK  OK OK OK OK OK OK OK OK OK OK OK OK					
OWASSO OK ROGERS COUNTY OK SAND SPRINGS OK SAPULPA OK TULSA COUNTY OK  Add rows as necessary.					
OWASSO ROGERS COUNTY OK SAND SPRINGS OK SAPULPA OK TULSA COUNTY OK					Add rows as necessary.
SAND SPRINGS OK SAPULPA OK TULSA COUNTY OK					,
SAPULPA OK OK TULSA COUNTY OK					
TULSA COUNTY OK OK					
WAGONER COUNTY  OK  I SOLUTION OF THE PROPERTY					
	WAGONER COUNTY	UK			

Name COXCOM, LLC SYSTEM: SYSTEM ID# 007990

### Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOC	K 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	91,321	\$0-\$25.00			
Service to additional set(s)	31	No Cost			
• FM radio (if separate rate)					
Motel, hotel	199	\$0-\$25.00			
Commercial	4,382	\$0-\$25.00			
Converter					
Residential	214,120	\$ 3.99			
Non-residential	26,411	\$ 3.99			
		1			

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential				
• Pay cable	\$ 15.99	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>	10.00-32.00	Commercial				
Fire protection		• Pay cable				
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		Fire protection				
• First set	20-100.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect				
Converter		Disconnect				
		Outlet relocation	\$0-\$50.00			
		<ul> <li>Move to new address</li> </ul>	20.00-50.00			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007990 COXCOM. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∈ station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) STATION NUMBER (If Distant) KDOR-1 17.1 I No BARTLESVILLE, OK KGEB-1 53.1 No **TULSA, OK** ı See instructions for additional information KJRH-1 Ν No 2.1 TULSA, OK on alphabetization. KJRH-2 2.2 I-M No **TULSA, OK** KJRH-3 2.3 I-M No TULSA, OK KMYT-1 41.1 TULSA, OK I No KMYT-2 41.2 TULSA, OK I-M No TULSA, OK KMYT-3 41.3 I-M No KMYT-4 TULSA, OK 41.4 I-M No Ε KOED-1 11.1 No TULSA, OK TULSA, OK KOED-2 11.2 E-M No TULSA, OK KOED-3 E-M No 11.3 KOED-4 11.4 E-M No TULSA, OK KOKI-1 23.1 No TULSA, OK ı KOKI-2 23.2 I-M No TULSA, OK KOKI-3 23.3 I-M No TULSA, OK KOTV-1 6.1 Ν No TULSA, OK KOTV-3 6.3 I-M No TULSA, OK

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007990 COXCOM, LLC PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

	CHANN	EL LINE-UP	AA (2)	
2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
19.1	I	No		MUSKOGEE, OK
35.1	E	No		CLAREMORE, OK
35.2	E-M	No		CLAREMORE, OK
44.1	l	No		OKMULGEE, OK
8.1	N	No		TULSA, OK
8.2	I-M	No		TULSA, OK
8.3	I-M	No		TULSA, OK
8.4	I-M	No		TULSA, OK
47.1	l	No		TULSA, OK
25.1	l	No		TULSA, OK
25.2	I-M	No		TULSA, OK
	CHANNEL NUMBER  19.1 35.1 35.2 44.1 8.1 8.2 8.3 8.4 47.1 25.1	2. B'CAST CHANNEL NUMBER STATION  19.1 I STATION  19.1 I STATION  35.1 E STATION  44.1 I STATION  8.2 I-M  8.3 I-M  8.4 I-M  47.1 I STATION	2. B'CAST CHANNEL NUMBER STATION  19.1 I NO 35.1 E NO 35.2 E-M NO 44.1 I NO 8.1 N NO 8.2 I-M NO 8.3 I-M NO 47.1 I NO 25.1 I NO 25.1 I NO	CHANNEL NUMBER         OF STATION         (Yes or No)         CARRIAGE (If Distant)           19.1         I         No           35.1         E         No           35.2         E-M         No           44.1         I         No           8.1         N         No           8.2         I-M         No           8.3         I-M         No           8.4         I-M         No           47.1         I         No           25.1         I         No

G

**Primary** Transmitters: Television

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COXCOM, LLC 007990 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

TORWI CAGE: TAGE 0.						Accounting	1 LINIOD. 2020/ 1
LEGAL NAME OF OWNER OF COXCOM, LLC	CABLE SYST	EM:			S	007990	Name
SUBSTITUTE CARRIAGE	- SPECIA	AL STATEME	NT AND PROGRAM I O				
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every non	nnetwork televiseriod, under spe	sion program broadcast by ecific present and former FC	a distant statio CC rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMEN	CONCER	NING SUBSI	TITUTE CARRIAGE				Carriage:
During the accounting per				sis, any nonn	etwork television prograr	n	Special Statement and
broadcast by a distant sta		•	•	•		XNo	Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	nust complete the progra	m	
log in block 2.	- DD00D4	мо					
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, of tion. Do no Lucy" or "NE n was broad sign of the sadcast statice and and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	am on a separa attach addition nnetwork televicion and that your authorization of use general of BA Basketball: deast live, entestation broadca on's location (thous, if any, the when your system substitute program carrolisted program carrons in effect di	al pages. rision program (substitute pour cable system substitute is. See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "lasting the substitute programe community to which the community with which the stem carried the substitute or gram was carried by your lied by a system from 6:01:	orogram) that ed for the pro neral instructi r "basketball"  No." am. e station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	t, during the accounting gramming of another statements located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the more accurate 28:30 p.m. should be your system was require etter "P" if the listed pro	nth ely	
	LIDOTITLIT	TE DDOODAN			EN SUBSTITUTE	7. REASON	
	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	IAGE OCCURRED  6. TIMES	FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	DEELTION	
					_		
					_		
					<u> </u>	 	
					<u> </u>	 	
					<u> </u>		
					_		
					_		
					_		
					_		
					_		

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

Name	COXCOM, L		E SYSTEM:					S	9907990 OV
	PART-TIME CA	ARRIAGE LOG							
J Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.  Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.  Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."  State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."  You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."								
			DATES	S AND HOURS	OF F	PART-TIME CAF	RRIAGE		
		\\/\L_\	I CARRIAGE OCCL	IDDED			۱۸/۱۱۳۸	N CARRIAGE OCCU	IDDED
	CALL SIGN	VVIICI	HOUF			CALL SIGN	VVIIEI	HOUF	
		DATE	FROM	ТО			DATE	FROM	ТО
			<u> </u>						
			<u> </u>						
			<u> </u>						
			_						
			_						
			_					_	
			_					_	
			_					_	
			_					_	
			_					_	
			_					_	
			_					_	
			_						
			_					_	
			_					_	
			_					_	
			_					_	
			_					_	
			_						

	L NAME OF OWNER OF CABLE SYSTEM:  XCOM, LLC  SYSTEM ID#  007990	Name
Inst all a (as i	Coss RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service dentifed in space E) during the accounting period. For a further explanation of how to compute this amount, see (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	<b>K</b> Gross Receipts
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.  \$ 25,922,058.97 (Amount of gross receipts)	
• Com • Com • If you fee to accom • If pa	RIGHT ROYALTY FEE  ctions: Use the blocks in this space L to determine the royalty fee you owe:  plete block 1, showing your minimum fee.  plete block 2, showing whether your system carried any distant television stations.  ur system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee.  ur system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule ompanying this form and attach the schedule to your statement of account.  rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of k 3 below.	Copyright Royalty Fee
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.	
	Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.	
	This is your minimum fee. \$ 275,810.71	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  Yes—Complete the DSE schedule.  No—Leave block 3 below blank and complete line 1, block 4.	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero \$ -	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	
	Line 3. Add lines 1 and 2 and enter here \$ -	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	Cable systems submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE. \$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #	additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)	

ACCOUNTING PERIOD: 2020/1
FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  COXCOM, LLC	SYSTEM ID# 007990
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	Enter the total number of channels on which the cable     system carried television broadcast stations	29
	2. Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services.	50
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name BRYAN GOSS Telephone 404-269-4	444
	Address 6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR (Number, street, rural route, apartment, or suite number)	
	ATLANTA, GEORIGA 30328 (City, town, state, zip)	
	Email BRYAN.GOSS@COX.COM Fax (optional) 404-269-1607	
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Certification	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as ider in line 1 of space B and that the owner is not a corporation or partnership; or	ntified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable in line 1 of space B.	e system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	
	X /s/ Mary Vickers	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and putton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting	
	Typed or printed name: MARY VICKERS	
	Title: VICE PRESIDENT  (Title of official position held in corporation or partnership)	
	Date: August 14, 2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
COXCOM, LLC 007990	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the	Special Statement Concerning Gross Receipts
paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below\$	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interest charge)  * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period  ID number	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

### INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

### BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

## SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

#### **TOTAL OF DSEs**

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

## COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

### COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
  major television market as defined by the FCC rules and regulations in
  effect on June 24, 1981. If no portion of the cable system is located in
  a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

## COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

Determine whether any of the stations you carried were partially distant that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

· If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSE 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE

0.330% of gross receipts

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
  - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

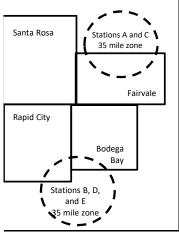
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

#### **EXAMPLE:**

#### COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



Distant Stations Carr	ied	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384.00

First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

-	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#			
1		L OTOTLIVI.			0.	007990			
	COXCOM, LLC					007990			
	SUM OF DSEs OF CATEGOR		IS:						
	• Add the DSEs of each station.  Enter the sum here and in line 1 of part 5 of this schedule.  0.00								
	Enter the sum here and in line								
	Instructions:								
2	In the column headed "Call S	<b>Sign":</b> list the cal	Il signs of all distant stations	identified by t	he letter "O" in column 5				
	of space G (page 3).								
Computation	In the column headed "DSE"	: for each indepe	endent station, give the DSE	as "1.0"; for	each network or noncom-				
of DSEs for	mercial educational station, give the DSE as ".25."								
Category "O"									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						·····			
Add rows as						\			
necessary.						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Remember to copy									
all formula into new									
rows.									
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
						·····			
						,			
						·····			
						· · · · · · · · · · · · · · · · · · ·			
						<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>			
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
						·····			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COXCOM. LLC 007990 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Computation Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must **Stations** be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Carried Part Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 5. TYPE 1 CALL 2. NUMBER 3. NUMBER 4 BASIS OF 6. DSE OF HOURS SIGN OF HOURS **CARRIAGE VALUE** CARRIED BY **STATION VALUE** SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: 4 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regular-tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substitute-**Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE OF DAYS SIGN SIGN OF OF DAYS **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, ...... 0.00 TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 0.00 1. Number of DSEs from part 2 ● **Total Number** of DSEs 2. Number of DSEs from part 3 ● 0.00 0.00 3. Number of DSEs from part 4 ● TOTAL NUMBER OF DSEs 0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/1

EGAL NAME OF C	WNER OF CABLE S	SYSTEM:					S'	YSTEM ID# 007990	Namo
nstructions: Bloc	ck A must be comp	leted.							
n block A: If your answer if	"Yes," leave the re	mainder of pa	art 6 and part	7 of the DSE sched	lule blank and	d complete part	8, (page 16) of the	е	6
schedule. • If your answer if "No," complete blocks B and C below.									
BLOCK A: TELEVISION MARKETS							Computation of		
•	•	utside of all m	ajor and smal	ler markets as defi	ned under se	ction 76.5 of FC	CC rules and regul	ations in	3.75 Fee
ffect on June 24, Yes—Com		schedule—D	O NOT COMP	LETE THE REMAI	INDER OF PA	ART 6 AND 7.			
	lete blocks B and								
		BLO	CK B: CARE	RIAGE OF PERI	MITTED DS	 SEs			_
Column 1:	List the call signs			part 2, 3, and 4 of t			m was permitted t	o carry	1
CALL SIGN	under FCC rules	and regulatio e DSE Sched	ns prior to Jur Iule. (Note: Th	ie 25, 1981. For fur ie letter M below re	ther explanat	ion of permitted	d stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carried 76.61(b)(c)]	les and regulated pursuant to	ations cited be the FCC mai	sis on which you ca elow pertain to thos ket quota rules [76 6.59(d)(1), 76.61(e	e in effect on 6.57, 76.59(b)	June 24, 1981 , 76.61(b)(c), 7	6.63(a) referring to	)	
	C Noncommeric	al educationa   station (76.6 r DSE schedu	l station [76.59 5) (see paragule).	9(c), 76.61(d), 76.6 raph regarding sub	3(a) referring	to 76.61(d)]			
	•	HF station wi	thin grade-B o	e or substitute bas contour, [76.59(d)(5 am.	•		ring to 76.61(e)(5)	]	
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 o etter "F" in column 2			orksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	-
	n	•				•			_
								0.00	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				-
ne 1: Enter the	total number of	DSEs from բ	oart 5 of this	schedule					
ne 2: Enter the	sum of permitte	d DSEs from	n block B abo	ve			n.	-	
				of DSEs subject 7 of this schedule		rate.		0.00	
ne 4: Enter gro	ss receipts from	space K (pa	ige 7)						Do any of the
,	·		•				x 0.03	375	DSEs represe partially permited/
ne 5: Multiply l	ine 4 by 0.0375 a	and enter su	m here				x		partially nonpermitte
ne 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see par 9 instructions
ne 7: Multinly li	ine 6 by line 5 an	d enter here	and on line	2, block 3, space	l (page 7)			0.00	

COXCOM, LL	OWNER OF CABLE	STSTEM.					51	O07990	Name
BLOCK A: TELEVISION MARKETS (CONTINUED)									_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation 6
								***************************************	
***************************************									
								***************************************	
***************************************									
								***************************************	
								***************************************	
***************************************									
								***************************************	
***************************************									

**ACCOUNTING PERIOD: 2020/1** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COXCOM, LLC 007990 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

LEGAL NA	MME OF OWNER OF CABLE SYSTEM:  COXCOM, LLC  SYSTEM ID#  007990	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      \( \text{\bar{X}} \) No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	(	COXCOM, LLC	007990
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u>
	Instru	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	part
		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of	-	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow
Base Rate Fee	blank		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc e area," see page (v) of the general instructions.	cal
		, 13 ()	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule.  X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ \$ 25,922,058	.97_
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶	0.00
	Section		
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts  (the amount in section 1)	<u>-</u>
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶ _ \$ 181,713.63	
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	<u>-</u>
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee.	
İ	1		

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/1

DSE SCHEDULE. PAGE 17.		3 PERIOD: 2020/1
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
COXCOM, LLC	007990	
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4 A. Enter 0.01064 of gross receipts		8
(the amount in section 1)		
**************************************		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) <b>&gt;</b> _		of Base Rate Fee
C. Multiply line B by 3.000 and enter here ▶\$		Duco Rato I co
D. Enter 0.00330 of gross receipts		
(the amount in section 1) \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here <b>\$</b>		
G. Add lines A, C, and F. This is your base rate fee	<del></del>	
Enter here and in block 3, line 1, space L (page 7		
Base Rate Fee	0.00	
<b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television be shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple of the cable system reported on a community-by-community basis (subscriber groups) if the cable system reported on a community-by-community basis (subscriber groups) if the cable system reported multiple of the cab	•	•
ups in Space G.	iipio onaiiiio iiio	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base r		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To this exclusion, you must:	take advantage of	of
and exclusion, you must.		Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are di		and Syndicated
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Dete DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate		Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your syste		Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exer	npt in part 7, you	Partially
must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block However, if your cable system is wholly located outside all major television markets, complete block A only.	A and B below.	Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant	ant station you	Stations
carried to that community.		
<b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are d	istant. Each	
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No system will have only one subscriber group when the distant stations it carried have local service areas that coincide	Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of yo subscriber groups.	ur system's	
In each section:		
Identify the communities/areas represented by each subscriber group.		
• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant subscribers in the group.	nt to all of the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gand 4 of this schedule; or,	ave it in parts 2, 3,	
<ol> <li>any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave part 6 of this schedule.</li> </ol>	it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the ge in the paper SA3 form.	neral instructions	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule of page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber groups posses for that group's complement of stations and total gross receipts from the subscribers in that group). You do not your actual calculations on the form.	oup (that is, the total	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID
Name	COXCOM, LLC	00799
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.  Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

							007990	
BI				TE FEES FOR EACH			ID	
COMMUNITY/ADEA	FIRST SUBSCRIBER GROUP			COMMUNITY/ADEA	SECOND	SUBSCRIBER GROU	)P 0	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			U	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL GIGIT	DOL	O/ LEE OIGIV	BOL	O/ LEE OIGIV	DOL	O/ILL CIGIV	DOL	Base Rate
			<u>"</u>			u = <mark></mark>		and
			<u>"</u>		<u></u>	" <del> </del>		Syndicat
						•		Exclusiv
						·· = ······		Surcharg
						"  -		for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	NIID.	•	0.00	Gross Receipts Secon	d Croup	•	0.00	
oloss Receipts Filst Git	Jup	\$	0.00	Gross Receipts Secon	u Group	\$	0.00	
Base Rate Fee First Gro	Base Rate Fee First Group \$ 0.00							
				Base Rate Fee Secon	d Group	\$	0.00	
				Base Rate Fee Secon			•	
COMMUNITY/ADEA		SUBSCRIBER GROU	JP			SUBSCRIBER GROU	JP	
COMMUNITY/ AREA				Base Rate Fee Secon  COMMUNITY/ AREA			•	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			JP				JP	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
CALL SIGN	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
	THIRD	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP 0	
CALL SIGN	THIRD	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA  CALL SIGN	FOURTH	I SUBSCRIBER GROU	JP 0 DSE	
CALL SIGN	DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	JP 0 DSE	
CALL SIGN	DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA  CALL SIGN	DSE	I SUBSCRIBER GROU	JP 0 DSE	
	DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	JP 0 DSE	
CALL SIGN  Fotal DSEs  Gross Receipts Third Gr	DSE	SUBSCRIBER GROU	DSE 0.00 0.00	COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Fourth	DSE	SUBSCRIBER GROU	DSE	
CALL SIGN	DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	JP 0 DSE	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE	R OF CABL	E SYSTEM:	•	milita o.70 ota		S	YSTEM ID# 007990	Name
В				TE FEES FOR EACH				
COMMUNITY/ AREA	AREA 0			SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  0				<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE CALL SIGN					of
								Base Rate F
								and
								Syndicated Exclusivity
								Surcharge
					•			for
								Partially
								Distant
		_						Stations
		H				'-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	THIRD	SUBSCRIBER GROU		0014444744554	FOURTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	+						
		_				-		
						-		
		-				+		
		-						
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Inter here and in block			riber group a	as shown in the boxes a	above.	\$	0.00	
	, .,, •							

ACCOUNTING PERIOD: 2020/1

FORM SA3E, PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  COXCOM, LLC	SYSTEM ID# 007990					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
<b>9</b> Computation of Base Rate Fee	INSTRUCTIONS:	rket any portion of your cable system is located in as defined  Second 50 major television market					
and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to your actual calculations on this form.</li> </ul>						
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE First Group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE Second Group					
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page						