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

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

A	AC	COUNTING PERIOD COVERED BY THIS STATEME	NT:			
Accounting Period		2021/2				
B Owner	rate	ructions: Give the full legal name of the owner of the cable system. If the own title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the If there were different owners during the accounting period, only the ngle statement of account and royalty fee payment covering the entii Check here if this is the system's first filing. If not, enter the system GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	business of the cable system owner on the last day of the re accounting period. m's ID number assigned by t	n. e accounting period should su		007376
	-	COX COMMUNICATIONS GEORGIA, LLC				
					00737	620212
					007376	2021/2
		6205 PEACHTREE DUNWOODY ROAD - 12 FLO	OR			
		ATLANTA, GEORIGA 30328				
С		<b>TRUCTIONS:</b> In line 1, give any business or trade names use nes already appear in space B. In line 2, give the mailing addr				
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	Ins	tructions: For complete space D instructions, see page 1b. Ic	lentify only the frst comm	unity served below and reli	st on page	1b
Area	wit	all communities.				
Served		CITY OR TOWN	STATE			
First Community		MACON	GA			
Community	B	elow is a sample for reporting communities if you report multip		CH LINE UP	0.15	3 GRP#
	Ald	CITY OR TOWN (SAMPLE)	STATE MD	A CH LINE OP	508	1 GRP#
Sample	-	Ince	MD	B		2
	Ge	ing	MD	В		3
form in order to pro numbers. By provid search reports prep	cess ling Pl pared	ion 111 of title 17 of the United States Code authorizes the Copyright Offce to our statement of account. PII is any personal information that can be used to , you are agreeing to the routine use of it to establish and maintain a public re or the public. The effect of not providing the PII requested is that it may delay ments of account, and it may affect the legal suffciency of the fling, a determin	identify or trace an individual, su cord, which includes appearing processing of your statement of	ich as name, address and telepho in the Offce's public indexes and i account and its placement in the	ne	

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2-24-22

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

STATEMENT OF ACCOUNT

ORM	SA3E	PAGE	1h
	SASE.	FAGE	ID.

DRM SA3E. PAGE 1b.			ACCOUNT	TING PERIOD: 2021			
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
COX COMMUNICATIONS GEORGIA, LLC			007376				
<b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.							
If all communities receive the same complement of television broadcast stations (i.e., 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 designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-comm channel line-up designated by an alpha-letter(s) (based on your Space G reporting) ar	the column blank. If relevant community nunity basis, associa	you report any sta with a subscriber o ate each communit	tions group, y with a				
(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns				-			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	4			
MACON	GA	AA	1	First			
BIBB COUNTY	GA	AA	1	Community			
	GA	<u> </u>	2				
	GA GA	AA AA	2				
IOUSTON COUNTY IONES COUNTY	GA	AA AA					
MONROE COUNTY	GA	AA	1	See instructions for additional information			
PAYNE CITY	GA	AA	1	on alphabetization.			
PEACH COUNTY	GA	AA	2				
ROBINS AIR FORCE BASE	GA	AA	2				
WARNER ROBINS	GA	AA	2				
				Add rows as necessar			
		· · · · · · · · · · · · · · · · · · ·					

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	COX COMMUNICATION	S GEORGIA	, LLC						00737	
		0551/05 01								
E	SECONDARY TRANSMISSION In General: The information in s		-	-		v transmission s	ervice of t	ne cable		
—	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).									
Service: Sub-		mber of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken								
scribers and	down by categories of secondary									
Rates	each category by counting the ne separately for the particular serv							charged		
	<b>Rate:</b> Give the standard rate c							e and the		
	unit in which it is generally billed	-	-				-			
	category, but do not include disc	ounts allowed	for adva	nce payment.						
	Block 1: In the left-hand block			-		-				
	systems most commonly provide									
	that applies to your system. Note			•		-				
	categories, that person or entity subscriber who pays extra for ca									
	first set" and would be counted of									
	Block 2: If your cable system					service that are	different fr	om those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in the	e right-ha	and block. A two	o- or three	e-word descripti	on of the s	ervice is		
	sufficient.									
	BLU	OCK 1 NO. OF	-				BLOC	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:	0020012			0,111					
	Service to first set	2	6,042	\$25-\$50.00						
	Service to additional set(s)		9	No Cost						
	• FM radio (if separate rate)			•••••••••••••••••••••••••••••••••••••••						
	Motel, hotel		75	\$25-\$50.00						
	Commercial		1,525	\$25-\$50.00						
	Converter			·····						
	Residential	9	3,680	\$ 6.00						
	Residential     Non-residential	·····	3,680 1,866	\$ 6.00 \$ 6.00						
	Non-residential	1	1,866	\$ 6.00						
	Non-residential     SERVICES OTHER THAN SEC	1 ONDARY TRA	1,866 NSMISS	\$ 6.00						
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Substitute Basis Stations: With respect to any disfar stations carried by your cable system on a substitute program basis under specific PCC rules, regulations, or authorizations:         Television           1: 0 to tail the station here, and also in space 1, if the station was carried both on a substitute basis and also on some other basis. For thriter information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.         Column 3: 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 associated with a station according to its over-the-air designation. For example, report multi- scat stream associated with a station according to its over-the-air designation. For example, report multi- scat stream associated with a station according to its over-the-air designation. For example, report multi- scat stream associated with a station according to its over-the-air designation. For oxample, report multi- scat stream associated with a station or a noncommercial educational station on a part-time the station. So a network station, an independent station, or a noncommercial educational station on a part-time basis because of lack of activated channel capacity.           Column 3: flyou have entered "Yes" in outpart and its rots subject of any disparent because it is the subject of a withen agreement entered 'Nes' in occuming period. Independent station, and subject of a availan agreement entered 'Nes' in occuming period. Independent station on a sub-tail basis contains station on a part-time basis because of lack of activated channel (capacity).           Column 4: If the station is a network station is period. In paper SA3 form. <th>COX COMM</th> <th>OWNER OF CABLE SY</th> <th></th> <th>LC</th> <th></th> <th>SYSTEM ID# 007376</th> <th>Name</th>	COX COMM	OWNER OF CABLE SY		LC		SYSTEM ID# 007376	Name
Gr         Control         Con	PRIMARY TRANSM	ITTERS: TELEVISIO	)N				
CHANNEL LINE-UP AA         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         WGNM-1       45.1       I       No       MACON, GA       See instructions for additional information additing additing additional information additional information	In General: In spa carried by your ca FCC rules and reg 76.59(d)(2) and (4 substitute program Substitute program Do not list the sta station was car List the station h basis. For furth in the paper SA Column 1: List each multicast stream cast stream as "W WETA-simulcast). Column 2: Giv ts community of li on which your cab Column 3: Indie deducational station for independent r For the meaning of Column 4: If the clanation of local Column 5: If you cable system carrication for written agrees the cable system a cion "E" (exempt).	ace G, identify even ble system during ti gulations in effect or b), 76.61(e)(2) and ( in basis, as explained <b>sis Stations:</b> With in fc FCC rules, regula ation here in space ried only on a subs ere, and also in spa- er information conce the system carried wit /ETA-2". Simulcast e the channel numb (cense. For example ble system carried th icate in each case to n, by entering the le nulticast), "E" (for n of these terms, see the station is outside service area, see pro bu have entered "Ye ied the distant static is station on a part-tim mission of a distant ment entered into o and a primary trans For simulcasts, also	y television sta he accounting n June 24, 194 4), or 76.63 (r ed in the next p respect to any ations, or auth G—but do lisi titute basis. ace l, if the sta erning substit sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha ne station. whether the st etter "N" (for no oncommercial page (v) of the the local serv age (v) of the es" in column on during the a me basis beca multicast stree n or before Ju mitter or an as	period, except 81, permitting th eferring to 76.6 baragraph. distant stations orizations: t it in space I (th tition was carried ute basis station eport origination cording to its ov be reported in or as assigned to f annel 4 in Wash ation is a netwo etwork), "N-M" (t I educational), o e general instruct 4, you must cor accounting perio ause of lack of a eam that is not s ne 30, 2009, be ssociation repre	(1) stations carrie the carriage of cert 1(e)(2) and (4))]; a carried by your of the Special Statem d both on a substi- ns, see page (v) of the program service er-the-air designa column 1 (list eac column 1 (list eac the television stat hington, D.C. This rk station, an inde for network multion or "E-M" (for nonco- ctions located in the instant"), enter "Ye ions located in the nplete column 5, od. Indicate by en extivated channel subject to a royalty tween a cable sy senting the prima	d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial ast), "I" (for independent), "I-M" pommercial educational multicast). he paper SA3 form. ss". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. r payment because it is the subject stem or an association representing ry transmitter, enter the designa-	_
SIGNCHANNEL NUMBEROF STATION(Yes or No)CARRIAGE (If Distant)See instructions for additional information additional information additional information additional information additional informationWGNM-145.1INoMACON, GAWGXA-124.1INoMACON, GAWGXA-224.2N-MNoMACON, GAWGXA-324.3I-MNoMACON, GAWMAZ-113.1NNoMACON, GAWMAZ-213.2I-MNoMACON, GAWMAZ-313.3I-MNoMACON, GAWMGT-141.1NNoMACON, GAWMGT-241.2I-MNoMACON, GAWMGT-441.4I-MNoMACON, GAWMGT-541.5I-MNoMACON, GAWMUB-138.1INoMACON, GAWMUM-129.1ENoCOCHRAN, GAWPGA-158.1INoPERRY, GA	Column 6: Giv FCC. For Mexicar	e the location of ea or Canadian statio	ch station. Fo	r U.S. stations, e the name of th	instructions locate list the community ne community with	ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed.	
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WMUM-1         29.1         E         No         COCHRAN, GA           WPGA-1         58.1         I         No         PERRY, GA	Column 6: Giv FCC. For Mexicar Note: If you are ut 1. CALL SIGN WGNM-1 WGXA-1 WGXA-2 WGXA-2 WGXA-3 WMAZ-1 WMAZ-2 WMAZ-3 WMAZ-3 WMAZ-3 WMGT-1	2. B'CAST CHANNEL NUMBER 45.1 24.1 24.2 24.3 13.1 13.2 13.3 41.1 41.2	ch station. Fo ns, if any, given anel line-ups, CHANN 3. TYPE OF STATION I I N-M I-M I-M I-M I-M I-M	r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No	instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed. channel line-up. 6. LOCATION OF STATION MACON, GA MACON, GA MACON, GA MACON, GA MACON, GA MACON, GA MACON, GA MACON, GA MACON, GA MACON, GA	additional informatio
WPGA-1 58.1 I No PERRY, GA	Column 6: Giv FCC. For Mexicar Note: If you are ut 1. CALL SIGN WGNM-1 WGXA-1 WGXA-2 WGXA-3 WMAZ-1 WMAZ-1 WMAZ-3 WMAZ-3 WMAZ-3 WMGT-1 WMGT-2 WMGT-4	2. B'CAST CHANNEL NUMBER 45.1 24.2 24.3 13.1 13.2 13.3 41.1 41.2 41.4	ch station. Fo ns, if any, given nel line-ups, CHANN 3. TYPE OF STATION I I N-M I-M I-M I-M I-M I-M I-M	r U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No No No No	instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	d in the paper SA3 form. y to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION MACON, GA MACON, GA MACON, GA MACON, GA MACON, GA MACON, GA MACON, GA MACON, GA MACON, GA MACON, GA	additional informatio
	Column 6: Giv FCC. For Mexicar Note: If you are ut 1. CALL SIGN WGNM-1 WGXA-1 WGXA-2 WGXA-2 WGXA-3 WMAZ-1 WMAZ-2 WMAZ-3 WMAZ-3 WMAZ-3 WMAZ-3 WMAZ-3 WMGT-1 WMGT-4 WMGT-4	2. B'CAST CHANNEL NUMBER 45.1 24.1 24.2 24.3 13.1 13.2 13.3 41.1 41.2 41.4 41.5	ch station. Fo ns, if any, given CHANN 3. TYPE OF STATION I I N-M I-M I-M I-M I-M I-M I-M I-M	r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No No No No	instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	d in the paper SA3 form. ( to which the station is licensed by the a which the station is identifed. channel line-up. 6. LOCATION OF STATION MACON, GA MACON, GA	additional informatio
WSB-1 2.1 N No ATLANTA, GA	Column 6: Giv FCC. For Mexicar Note: If you are ut 1. CALL SIGN WGNM-1 WGXA-1 WGXA-2 WGXA-2 WGXA-3 WMAZ-1 WMAZ-1 WMAZ-3 WMAZ-3 WMAZ-3 WMGT-1 WMGT-2 WMGT-4 WMGT-5 WMUB-1	2. B'CAST CHANNEL NUMBER 45.1 24.2 24.3 13.1 13.2 13.3 41.1 41.2 41.4 41.5 38.1	ch station. Fo ns, if any, given nel line-ups, CHANN 3. TYPE OF STATION I I N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No No No No	instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	d in the paper SA3 form. ( to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION MACON, GA MACON, GA	additional informatio
	Column 6: Giv FCC. For Mexicar Note: If you are ut 1. CALL SIGN WGNM-1 WGXA-1 WGXA-2 WGXA-3 WMAZ-1 WMAZ-2 WMAZ-3 WMAZ-3 WMAZ-3 WMAZ-3 WMAZ-3 WMGT-4 WMGT-4 WMGT-5 WMUB-1 WMUM-1	2. B'CAST CHANNEL NUMBER 45.1 24.1 24.2 24.3 13.1 13.2 13.3 41.1 41.2 41.4 41.5 38.1 29.1	ch station. Fo ns, if any, given CHANN 3. TYPE OF STATION I I N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No No No No	instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	d in the paper SA3 form. ( to which the station is licensed by the a which the station is identifed. channel line-up. 6. LOCATION OF STATION MACON, GA MACON, GA	additional informatio
	Column 6: Giv FCC. For Mexicar Note: If you are ut	2. B'CAST CHANNEL NUMBER 45.1 24.2 24.3 13.1 13.2 13.3 41.1 41.2 41.4 41.5 38.1 29.1 58.1	ch station. Fo ns, if any, given anel line-ups, CHANN 3. TYPE OF STATION I I N-M I-M I-M I-M I-M I-M I-M I-M I-M I I I I	r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No No No No	instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	d in the paper SA3 form. ( to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION MACON, GA MACON, GA	additional information

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       COX COMMUNICATIONS GEORGIA, LLC     007376								
H Primary Transmitters: Radio	all-band basis v Special Instruct receivable if (1) on the basis of 1 For detailed info located in the pa Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	t every radio s whose signals of ctions Concern it is carried by monitoring, to prmation about aper SA3 form dentify the call state whether the the radio statis this by placing Give the station	tation ca were "ge rning All the syst be receive t the the sign of e ne station on's sigr a check 's locatic	rried on a separate and discre- nerally receivable" by your cal <b>Band FM Carriage:</b> Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. hal was electronically processed mark in the "S/D" column. on (the community to which the he community with which the	ble Co t th sys on ed	e system during pyright Office re- ne system's hea- stem's FM anter this point, see p I by the cable sy station is license	the accountin egulations, an idend, and (2) ina, during cer bage (vi) of the estem as a sep ed by the FCC	g period FM sign it can be tain stat genera genera	al is generally e expected, ed intervals. I instructions nd discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION
				·					

ACCOL	JNTING	PERIOD:	2021/2

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2021
LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#	
COX COMMUNICATIO	NS GEOR	GIA, LLC				007376	Name
SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOG	i			
la Osasanla la succes la idea				-1:-44-4:-			
In General: In space I, iden substitute basis during the a							
explanation of the programn							Substitute
1. SPECIAL STATEMEN							Carriage: Special
<ul> <li>During the accounting pe broadcast by a distant sta</li> </ul>		ir cable system	n carry, on a substitute basi	s, any nonne			Statement a
Note: If your answer is "No		reat of this no.	na blank. If your anawar is f			XNo	Program Lo
log in block 2.	, leave the	rest or this pag	je blank. Il your answer is	res, you mu	usi complete the progra	4111	
2. LOG OF SUBSTITUTI	E PROGRA	MS					
In General: List each subs clear. If you need more spa				wherever pos	ssible, if their meaning	is	
,			ision program (substitute p	rogram) that,	during the accounting		
period, was broadcast by a							
under certain FCC rules, re SA3 form for futher informa							
titles, for example, "I Love	Lucy" or "NE	BA Basketball:	76ers vs. Bulls."				
			r "Yes." Otherwise enter "N asting the substitute progra				
Column 4: Give the broa	adcast static	on's location (th	ne community to which the	station is lice			
the case of Mexican or Car Column 5: Give the mor			community with which the tem carried the substitute p			onth	
first. Example: for May 7 gi	ve "5/7."			-			
Column 6: State the tim to the nearest five minutes			gram was carried by your o			ely	
stated as "6:00–6:30 p.m."		a piografii cam	ed by a system nom 0.01.	15 p.m. to 0.2			
			was substituted for progra			ed	
to delete under FCC rules a gram was substituted for p						l	
effect on October 19, 1976			•		0		
				WHE	EN SUBSTITUTE		
5					IAGE OCCURRED 6. TIMES	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	DELETION	
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Name									SYSTEM ID#
	COX COMM	UNICATIONS	S GEORGIA, LLC						007376
Part Time	<ul> <li>PART-TIME CARRIAGE LOG</li> <li>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.</li> <li>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.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>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."</li> <li>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."</li> </ul>								
			DATES	AND HOURS (	)F F	PART-TIME CAR	RIAGE		
		WHEN	I CARRIAGE OCCU	RRED			WHEN	N CARRIAGE OCC	URRED
	CALL SIGN	DATE	HOUR FROM	S TO		CALL SIGN	DATE	HOU FROM	JRS TO
		DATE	-	10			BATE	-	-
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<u>.</u>				SA3E. PAGE 7.	FORM S/				
Namo	SYSTEM ID#			L NAME OF OWNER OF CABLE SYSTEM:	LEGAL				
,	007376			X COMMUNICATIONS GEORGIA, LLC	сох				
K Gross Receipts	nission service amount, see <b>12,306,632.54</b>	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.							
				· ·					
L Copyright Royalty Fee	E Schedule	s of the DSE S	ed any distant television stations. ons, leave block 3 blank. Enter the amo a total royalty fee. , you must complete the applicable parts our statement of account.	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determin plete block 1, showing your minimum fee. uplete block 2, showing whether your system carr ur system did not carry any distant television stat from block 1 on line 1 of block 4, and calculate th ur system did carry any distant television stations ompanying this form and attach the schedule to y rt 8 or part 9, block A, of the DSE schedule was of	<ul> <li>Instruct</li> <li>Comp</li> <li>Comp</li> <li>If your fee from the second sec</li></ul>				
			ompleted, the base fate lee should be e	k 3 below.					
	ie 2 in block	tered on line 2	ount from line 7 of block C should be ent	rt 6 of the DSE schedule was completed, the am					
					3 belo				
	d on line	1 be entered of	completed, the surcharge amount should	rt 7 or part 9, block B, of the DSE schedule was oblock 4 below.					
			y carried any distant stations. This fee is	<b>MINIMUM FEE:</b> All cable systems with semianni least the minimum fee, regardless of whether the system's gross receipts for the accounting period	1 le				
	12,306,632.54	\$	pace K	Line 1. Enter the amount of gross receipts from s					
				Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	Ľ				
	130,942.57	\$		This is your minimum fee.					
-	≥ 1, block 4. <b>14.489.79</b>		No—Leave block 3 below blank and co	<ul> <li>"Yes" in this block.</li> <li>Did your cable system carry any distant televisi <ul> <li>Yes—Complete the DSE schedule.</li> </ul> </li> <li>Line 1. BASE RATE FEE: Enter the base rate f 4, or part 9, block A of the DSE schedul</li> </ul>	•				
	,	<u> </u>			3				
	0.00		block C, part 6 of the DSE	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, schedule. If none, enter zero	L				
				schedule. Il hone, enter zero					
				Line 3. Add lines 1 and 2 and enter	L				
	14,489.79	\$		here					
Cable systems	130,942.57	_\$		Line 1. BASE RATE FEE/3.75 FEE or MINIMU from block 1 or the sum of the base rate whichever is larger	Block L 4				
submitting additional deposits under	0.00			Line 2. SYNDICATED EXCLUSIVITY SURCHA (block D, section 3 or 4) or part 9 (block zero.	L				
Section 111(d)( should contact the Licensing	0.00			Line 3. Line 3. INTEREST CHARGE: Enter the (Interest Worksheet)	L				
additional fees Division for the	725.00	\$		Line 4. FILING FEE	L				
appropriate form for submitting the	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.         Add Lines 1, 2 and 3 of block 4 and enter total here         State								
additional fees	151,007.57	Ψ		And times 1, 2 and 5 of block 4 and enter total here					
				EFT Trace # or TRANSACTION ID #					
	of the	ee page (i) of t	nt payable to Register of Copyrights. (Se						

### ACCOUNTING PERIOD: 2021/2

		FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	COX COMMUNICATIONS GEORGIA, LLC	007376
	CHANNELS	
5.4		<b>4</b> - <b>4</b>
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
0	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	1. Enter the total number of channels on which the cable	15
	system carried television broadcast stations	
	0. Entry the Actual symptom of a diversity of the second	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	649
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
	we can contact about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Kristin Von Schuch Telephone	404) 269-0827
Information		
	Address 6205B PEACHTREE DUNWOODY ROAD - 21 FLOOR	
	Address <b>6203B PEACHTREE DONWOODT ROAD - 21 FLOOR</b> (Number, street, rural route, apartment, or suite number)	
	ATLANTA, GEORIGA 30328 (City, town, state, zip)	
	(City, town, state, Zip)	
	Email kristin.vonschuch@cox.com Fax (optional' N/A	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regula	ations.)
0		
Certifcation	<ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	
ocraication		
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or.
	Conter other than corporation of partnersmp) rain the owner of the cable system as identified in line r of space b, v	51
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified
	in line 1 of space of and that the owner is not a corporation of partnership, of	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner	of the cable system
	in line 1 of space B.	
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereby</li> </ul>	arein
	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/ Sanford Mencher	
	/s/ Sanford Mencher	
	Enter an electronic signature on the line share using an $\mathbb{V}_{\mathcal{O}}^{\mathcal{M}}$ signature to sortify this statement	
	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	ne box and press the "F2"
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compati	bility settings.
	Typed or printed name: Sanford Mencher	
	Title: SVP, Finance and Accounting	
	(Title of official position held in corporation or partnership)	
	Date: February 16, 2022	
Privacy Act Matin	Section 111 of title 17 of the United States Code outhorizes the Convision Office to callest the second in identifiation information of	211) requested on this
FIIVACY ACT NOTICE:	: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (F	n) requested on this

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 suffciency of the fling, a determination that would be made by a court of law.

GAL NAME OF OWNER OF CABLE SYSTEM: OX COMMUNICATIONS GEORGIA, LLC	SYSTEM ID# 007376	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the syste scribers and amounts collected from subscribers receiving secondary transmissions purs	system for the basic em shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the gener paper SA3 form.	ral instructions in the	Concerning Gross Receipt Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for sea made by satellite carriers to satellite dish owners?	condary transmissions	
YES. Enter the total here and list the satellite carrier(s) below.		
Name Name Mailing Address		
		Q
You must complete this worksheet for those royalty payments submitted as a result of a late pay For an explanation of interest assessment, see page (viii) of the general instructions in the paper Line 1 Enter the amount of late payment or underpayment		Q Interest Assessment
	r SA3 form.	
For an explanation of interest assessment, see page (viii) of the general instructions in the paper         Line 1 Enter the amount of late payment or underpayment	xdays	
For an explanation of interest assessment, see page (viii) of the general instructions in the paper         Line 1       Enter the amount of late payment or underpayment	x days	
For an explanation of interest assessment, see page (viii) of the general instructions in the paper         Line 1       Enter the amount of late payment or underpayment	x days	
For an explanation of interest assessment, see page (viii) of the general instructions in the paper         Line 1       Enter the amount of late payment or underpayment	r SA3 form.	
For an explanation of interest assessment, see page (viii) of the general instructions in the paper         Line 1       Enter the amount of late payment or underpayment	r SA3 form.	
For an explanation of interest assessment, see page (viii) of the general instructions in the paper Line 1 Enter the amount of late payment or underpayment	x	
For an explanation of interest assessment, see page (viii) of the general instructions in the paper         Line 1       Enter the amount of late payment or underpayment	x	
For an explanation of interest assessment, see page (viii) of the general instructions in the paper Line 1 Enter the amount of late payment or underpayment	x	
For an explanation of interest assessment, see page (viii) of the general instructions in the paper Line 1 Enter the amount of late payment or underpayment	x	
For an explanation of interest assessment, see page (viii) of the general instructions in the paper Line 1 Enter the amount of late payment or underpayment	x	

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 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.

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, noncommercial 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, 198l, 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.

## DSE SCHEDULE. PAGE 11.

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

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.

 Identify the communities/areas represented by each subscriber group.
 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 of the schedule; or

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.

Distant Stations Carried

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.

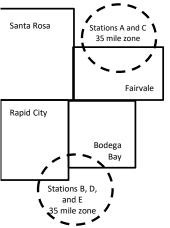
**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- 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 Otations Gamed		identification (		Jioupa		
STATION	DSE	CITY	OUTSIDE LC	DCAL	GRO	SS RECEIPTS
A (independent)	1.0		SERVICE AF	REA OF	FROM S	UBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B	, C, D ,E		\$310,000.00
C (part-time)	0.083	Rapid City	Stations A an	ld C		100,000.00
D (part-time)	0.139	Bodega Bay	Stations A an	ld C		70,000.00
E (network)	0.25	Fairvale	Stations B, D	, and E		120,000.00
TOTAL DSEs	2.472		TOTAL GRO	SS RECEIPTS		\$600,000.00
Minimum Fee Total Gross	Receipts		\$600,000.00			
			x .01064			
			\$6,384.00			
First Subscriber Group		Second Subsc	riber 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 .010	64 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 .007	01 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
	\$6,497.20	Base rate fee	-	\$1,907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

## DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#			
	COX COMMUNICATIONS GEORGIA, LLC 00737								
	SUM OF DSEs OF CATEGOR		S:						
	<ul> <li>Add the DSEs of each station.</li> <li>Enter the sum here and in line 1</li> </ul>		schedule.		0.25				
	Instructions:					1			
2	In the column headed "Call Si	gn": list the call	signs of all distant stations id	lentified by the	e letter "O" in column 5				
Computation	of space G (page 3). In the column headed "DSE":	for each indepe	ndent station, give the DSE a	as "1.0": for ea	ch network or noncom-				
of DSEs for	mercial educational station, give		5."						
Category "O"		DOF	CATEGORY "O" STATION			DOF			
Stations	CALL SIGN WSB-1	DSE 0.250	CALL SIGN	DSE	CALL SIGN	DSE			
	W3D-1	0.230							
Add rows as necessary.									
Remember to copy all									
formula into new									
rows.									

Γ		r	-  <mark></mark>	T
				·····
<b>4</b> *	· · · · · · · · · · · · · · · · · · ·			<sup>4</sup> • • • • • • • • • • • • • • • • • • •

Name		OWNER OF CABLE SYSTEM: UNICATIONS GEORG	IA, LLC					JLE. PAGE 12. System ID# 007376
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	<b>CAPACITY</b> st the call sign of all distan Correspond with the inform Correspond with the inform For each station, give th Divide the figure in colur at least to the third decim For each independent st value as ".25." Multiply the figure in colu- point. This is the station's	e number of hours nation given in spar e total number of h nn 2 by the figure i al point. This is the tation, give the "typ umn 4 by the figure	your cable system ce J. Calculate onl ours that the station n column 3, and gi e "basis of carriage e-value" as "1.0." f in column 5, and g	a carried the stati y one DSE for eac on broadcast ove ive the result in d value" for the st For each network give the result in	on during the accounting p ach station. For the air during the accoun decimals in column 4. This ation. K or noncommercial educa column 6. Round to no le	nting period. 6 figure must 1tional station, ss than the	
Capacity			ATEGORY LA					-
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	IRS C D BY S	NUMBER OF HOURS STATION DN AIR	4. BASIS OF CARRIAG VALUE		€ 6. DS	ε
			÷		•••••••••••••••••••••••••••••••••••••••	×	=	
			÷ +			x x	=	
			÷			×	=	
			÷ ÷			x x	=	
			÷			x x	=	
			÷	-	-	x	=	
	Add the DSEs	OF CATEGORY LAC ST of each station. Im here and in line 2 of pa		e,		0.00		
4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	te the call sign of each stat d by your system in substitu- set on October 19, 1976 (a one or more live, nonnetwor For each station give the r This figure should corresp Enter the number of days Divide the figure in column This is the station's DSE (I	ution for a program is shown by the lett rk programs during number of live, non bond with the inforr in the calendar yea n 2 by the figure in	that your system f er "P" in column 7 that optional carria network programs nation in space I. ir: 365, except in a column 3, and give	was permitted to of space I); and ge (as shown by t carried in substi leap year. e the result in col	delete under FCC rules a the word "Yes" in column 2 c tution for programs that w lumn 4. Round to no less t	of ere deleted than the third	).
		SU	BSTITUTE-BA	SIS STATION	S: COMPUT	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		+		=		÷		=
		÷ +		=		+		=
		· +				-		=
		÷		=		÷	•••••••••••••••••••••••••••••••••••••••	=
	Add the DSEs	÷ s OF SUBSTITUTE-BASIS of each station. Im here and in line 3 of pa	S STATIONS:	= e,		0.00	1	=
5		ER OF DSEs: Give the amo s applicable to your system		s in parts 2, 3, and	4 of this schedule	and add them to provide t	he total	
Total Number	1. Number	of DSEs from part 2 ●				▶	0.25	
of DSEs	2. Number	of DSEs from part 3 ●				<u>&gt;</u>	0.00	
	3. Number	of DSEs from part 4 ●				►	0.00	
	TOTAL NUMBE	R OF DSEs				<b></b>		0.25

ACCOUNTING	PERIOD:	2021/2
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LEGAL NAME OF C	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID#	Nama
COX COMMU	NICATIONS GE	ORGIA, LL	.C					007376	Name
	ck A must be comp	leted.							
In block A: • If your answer if ' schedule.	"Yes," leave the rer	mainder of pa	rt 6 and part 7	of the DSE schedu	le blank and c	omplete part 8	, (page 16) of the		6
	"No," complete bloc								
				ELEVISION M					Computation of 3.75 Fee
Is the cable system on June 24, 1981	n located wholly ou ?	itside of all ma	ajor and smalle	r markets as define	ed under secti	on 76.5 of FCC	c rules and regulat	ions in effect	
	plete part 8 of the s		NOT COMPL	ETE THE REMAIN	NDER OF PAF	RT 6 AND 7.			
X No—Comp	olete blocks B and (	C below.							
		BLO	CK B: CARR	AGE OF PERI	VITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations prio e DSE Sched	r to June 25, 19 ule. (Note: The	art 2, 3, and 4 of th 981. For further exp e letter M below refe ct of 2010.)	planation of pe	ermitted station	is, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	<ul> <li>(Note the FCC rul</li> <li>A Stations carrie 76.61(b)(c)]</li> <li>B Specialty static</li> <li>C Noncommerica</li> <li>D Grandfathered</li> </ul>	les and regula ed pursuant to on as defined al educational station (76.6	ations cited bel the FCC mark in 76.5(kk) (76 station [76.59 5) (see paragra	s on which you car ow pertain to those tet quota rules [76. .59(d)(1), 76.61(e)( (c), 76.61(d), 76.63 uph regarding subs	in effect on J 57, 76.59(b), 7 (1), 76.63(a) re (a) referring to	une 24, 1981.) 76.61(b)(c), 76 eferring to 76.6 9 76.61(d)]	.63(a) referring to i1(e)(1)		
		ant to individua viously carried HF station wit	al waiver of FC I on a part-time thin grade-B co	or substitute basis ontour, [76.59(d)(5)			ing to 76.61(e)(5)]		
Column 3:		stations iden	tified by the let	parts 2, 3, and 4 of ter "F" in column 2,		nplete the wor	ksheet on page 14	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	
WSB-1	D	0.25							
								0.25	
		E	BLOCK C: CC	MPUTATION OF	= 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from p	part 5 of this s	schedule					
Line 2: Enter the	e sum of permitte	d DSEs from	n block B abo	ve					
	line 2 from line 1 leave lines 4–7 bl					ate.			
Line 4: Enter gro	oss receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply I	ine 4 by 0.0375 a	and enter su	m here						partially permited/ partially nonpermitted
Line 6: Enter tot	al number of DSE	Es from line	3				x		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

	OWNER OF CABLE		LC					3	YSTEM ID# 007376	Name
BLOCK A: TELEVISION MARKETS (CONTINUED)           1. CALL         2. PERMITTED         3. DSE         1. CALL         3. DSE         1. CALL <th>6</th>								6		
SIGN	BASIS	3. DSE	SIG		BASIS	5. DSE	SIGN	BASIS	3. D3E	
										Computatio 3.75 Fee
			$\left\{ \cdot \right\}$							
			<u> </u>							
			<b>.</b>							
			<u>+</u>							
			<b>†</b>							
			<b> </b>							
			<u>}</u> .							
			$\left\{ \cdot \right\}$							
			<b> </b>							
		<b></b>							······	
			<u> </u>							
							† <b>†</b>			
							[			

						DSE SCHEDULE. PAGE 14.				
Name	LEGAL NAME OF OWNE					SYSTEM ID# 007376				
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	COX COMMUNICATIONS GEORGIA, LLC         007376           Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)         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.         Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.         Column 3: Indicate the basis of carriage on which the station was carried by listing one of the following letters:         (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)         A—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)).         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.									
	1. CALL SIGN	PERMITTED DSI 2. PRIOR DSE	E FOR STATIONS CARRI 3. ACCOUNTING PERIOD	ED ON A PART-TIME AN 4. BASIS OF CARRIAGE	D SUBSTITUTE BASIS 5. PRESENT DSE	6. PERMITTED DSE				
7 Computation of the Syndicated Exclusivity Surcharge	If your answer is "	Yes," complete blocks No," leave blocks B a	nd C blank and complete p	TELEVISION MARKI	ET	ne 24, 1981?				
	Yes—Complete I	blocks B and C .		X No—Proceed to part 8						
	Is any station listed in t commercial VHF statio or in part, over the cab	n that places a grade	rimary stream of a B contour, in whole	BLOCK C: Computation of Exempt DSEs         Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)         Yes—List each station below with its appropriate permitted DSE         X         No—Enter zero and proceed to part 8.						
	CALL SIGN		LL SIGN DSE		DSE CALL SI					

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:SYSTEM ID#COX COMMUNICATIONS GEORGIA, LLC007376	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 defned by the FCC?	
	Yes—Complete section 3 below. X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	<ul> <li>Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</li> <li>Yes—Complete part 9 of this schedule.</li> <li>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</li> </ul>	
	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.) 🖡 💲	
	C. Subtract 1.000 from total permitted DSEs (the figure 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	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	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	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	Yes—Complete part 9 of this schedule.	
	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	

## ACCOUNTING PERIOD: 2021/2

			DULE. PAGE 16.
Name		ME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS GEORGIA, LLC	SYSTEM ID# 007376
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)	
8 Computation of Base Rate Fee	6 was • In blo • If you • If you blank What i were lo	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pa checked "Yes," use the total number of DSEs from part 5. uck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo	w
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS Our cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1 Section 2	Enter the amount of gross receipts from space K (page 7)	<u>54</u> 
	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)	32 735 64

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
COX	COMMUNICATIONS GEORGIA, LLC 007376	Name
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts	0
	(the amount in section 1)	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1)► \$	of
	C. Multiply line B by 3.000 and enter here <b>\$</b>	Base Rate Fee
	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.	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	Base Rate Fee	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
instead	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	9
Space		5
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	Computation
	on, you must:	of Base Rate Fee
First: [	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
•	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must	for Partially
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
	e for each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
outside	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne 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 distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
-	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
groups In each	u section:	
	fy the communities/areas represented by each subscriber group.	
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and s schedule; or,	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
• Comp page. DSEs f	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

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DSEs by
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Primary

FORM SA3E. I	PAGE	19.
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Computation       Computation         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       of         Base Rate Fee       Image: Second Group	LEGAL NAME OF OWNER						S	O07376	Name
MMUNITY/AREA       SUBGROUP 1       COMMUNITY/AREA       SUBGROUP 2       9         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       and       and       Syndicated         Computation       Computation       Computation       Computation       Syndicated	B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
Computation Call SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE Call SIGN DSE CALL SIGN DSE Call SIGN DSE		FIRST	SUBSCRIBER GROU	IP		SECOND	SUBSCRIBER GROU	IP	•
CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       of Base Rate Fe         Image: State	COMMUNITY/ AREA	SUBGR	OUP 1		COMMUNITY/ AREA	SUBGRO			
and   Syndicated	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated         Syndicated         Syndicated         Syndicated         Syndicated         Surcharge         for         Partially         Distant         Stations         Stations <tr< th=""><th></th><th></th><th></th><th></th><th>WSB-1</th><th>0.25</th><th></th><th></th><th>Base Rate Fee</th></tr<>					WSB-1	0.25			Base Rate Fee
Image: Second Group       Subscriber Group         Image: Second Group       Su									and
Surcharge       for         Partially       partially         Distant       partialy         Distant<									
indicator									
Partially         Image: See Rate Fee First Group       \$ 6,859,343.87         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP									-
Image: Second Group       Source									
Stations									
tal DSEs       0.00       Total DSEs       0.25         tal DSEs       0.00       Total DSEs       0.25         oss Receipts First Group       \$ 6,859,343.87       Gross Receipts Second Group       \$ 5,447,288.67         se Rate Fee First Group       \$ 0.00       Base Rate Fee Second Group       \$ 14,489.79         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       O         OMMUNITY/ AREA       0       COMMUNITY/ AREA       0									
oss Receipts First Group       \$ 6,859,343.87         Gross Receipts Second Group       \$ 5,447,288.67         se Rate Fee First Group       \$ 0.00         HIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP         OMMUNITY/ AREA       0									otations
oss Receipts First Group       \$ 6,859,343.87         Gross Receipts Second Group       \$ 5,447,288.67         se Rate Fee First Group       \$ 0.00         HIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP         OMMUNITY/ AREA       0									
oss Receipts First Group       \$ 6,859,343.87         Gross Receipts Second Group       \$ 5,447,288.67         se Rate Fee First Group       \$ 0.00         HIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP         OMMUNITY/ AREA       0									
oss Receipts First Group       \$ 6,859,343.87         Gross Receipts Second Group       \$ 5,447,288.67         se Rate Fee First Group       \$ 0.00         HIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP         OMMUNITY/ AREA       0									
oss Receipts First Group       \$ 6,859,343.87         Gross Receipts Second Group       \$ 5,447,288.67         se Rate Fee First Group       \$ 0.00         HIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP         OMMUNITY/ AREA       0									
oss Receipts First Group       \$ 6,859,343.87         Gross Receipts Second Group       \$ 5,447,288.67         se Rate Fee First Group       \$ 0.00         HIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP         OMMUNITY/ AREA       0									
se Rate Fee First Group       \$ 0.00       Base Rate Fee Second Group       \$ 14,489.79         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP         DMMUNITY/ AREA       0       COMMUNITY/ AREA       0	Total DSEs			0.00	Total DSEs			0.25	
THIRD SUBSCRIBER GROUP     FOURTH SUBSCRIBER GROUP       DMMUNITY/ AREA     0	Gross Receipts First Gro	up	\$ 6,859	,343.87	Gross Receipts Secon	d Group	\$ 5,4	47,288.67	
DMMUNITY/ AREA     0	Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Secon	d Group	\$	14,489.79	
		THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROU	IP	
DALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Sign state st	COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Image: Second									
tal DSEs 0.00 Total DSEs 0.00	Total DSEs 0.00			0.00	Total DSEs			0.00	
oss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth Group \$ 0.00		0.00			
se Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$		0.00			
II					11				
se Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.         ter here and in block 3, line 1, space L (page 7)         \$									

## FORM SA3E. PAGE 19.

## **Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       COX COMMUNICATIONS GEORGIA, LLC     007376						Name		
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
FIRST SUBSCRIBER GROUP					SECONE	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	SUBGF	ROUP 1		COMMUNITY/ AREA	SUBGR	OUP 2		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
						•		Surcharge
	••••				•••			for
	···					•	••••••	Partially
	••••				•••	•	•••••	Distant
	····					•		Stations
	<mark></mark>				<mark></mark>	•	·····	
	<mark></mark>				<mark></mark>			
	<mark></mark>				<mark></mark>			
	<mark></mark>				<mark></mark>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	<u>\$</u> 6,859	,343.87	Gross Receipts Secon	d Group	<u>\$</u> 5,-	447,288.67	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	••••					•	•••••	
	••••					•		
						•		
	···					•		
	····					•		
						•	••••••	
						•	••••••	
						•	••••••	
	••••				<mark></mark>	•		
						•	••••••	
	<mark></mark>				<mark></mark>			
	<mark></mark>				<mark></mark>			
					<mark></mark>			
Total DSEs			0.00	Total DSEs	1		0.00	
				-				
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne base rate	e fees for each subscr	iber group a	II as shown in the boxes ab	oove.			
Enter here and in block	x 3, line 1, s	pace L (page 7)				\$	0.00	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20				
Name	COX COMMUNICATIONS GEORGIA, LLC	SYSTEM ID: 007376				
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	ISIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television ma by section 76.5 of FCC rules in effect on June 24, 1981:					
Computation of	First 50 major television market	Second 50 major television market				
Base Rate Fee	INSTRUCTIONS:					
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 of 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 as 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 show your actual calculations on this form.</li> </ul>					
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt 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				
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt 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 (pag					

C	Cable Worksheet		Total amount of remittance	Number of SAs re	c'd Initials
			Date of remittance	- □Check □EFT	FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	□Janua	ary 1 - June 30, 2017	C	]July 1 - December 31, 2017	
	Lette	r sent	Ľ	Information received	
		oted	E	Phone call/Date/Contact	
Space B Owner					
	Lette	r sent	C	Information received	
		oted	Ľ	Phone call/Date/Contact	
Space D Area Served					
	Lette	r sent	C	Information received	
	Accep	oted	C	Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Lette	r sent	C	Information received	
and Rates		oted	C	Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Lette	r sent	[	Information received	
		oted	Γ	Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio		oted	C	Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
☑Letter sent		
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filin and Royalty Fees
Royalty Fee should be	Refund request to fiscal	rees
Letter sent	□Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	