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				
	\$			
2/26/2025	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	2024/2					
Period						
B Owner	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 busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the conduction of the system's first filing. If not, enter the system's ID not the conduction of the	s of the cable syster on the last day of th unting period.	m. e accounting period should sub			
	COXCOM, LLC					
				00654320242		
				006543 2024/2		
	6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR ATLANTA, GEORIGA 30328					
	INSTRUCTIONS: In line 1, give any business or trade names used to id	entify the busines	s and operation of the syste	m unless these		
С	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address given	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 comm	nunity served below and relis	st on page 1b		
Area	with all communities.					
Served	CITY OR TOWN STATE					
First	ROANOKE	VA				
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in Տր	pace G.			
	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 suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
COXCOM, LLC			006543					
Instructions: List each separate community served by the cable system. A "communit in FCC rules: "a separate and distinct community or municipal entity (including unincorpareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frof system identification hereafter known as the "first community." Please use it as the first community.	oorated communi st community tha	ties within unincor t you list will serve	porated	D Area Served				
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile ho below the identified city or town.	me parks should	be reported in pare	entheses					
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 stations 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-comm channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	d a subscriber gro							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
ROANOKE	VA			First				
ROANOKE COUNTY	VA			Community				
VINTON	VA							
				See instructions for				
				additional information on alphabetization.				
				on alphabetization.				
				Add rows as necessary.				
				,				
		-						
			<u></u>					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM, LLC

SYSTEM ID#

006543

### 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.

BL	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
<ul> <li>Service to first set</li> </ul>	1	\$25-\$50.00	
Service to additional set(s)	738	No Cost	
<ul> <li>FM radio (if separate rate)</li> </ul>			
Motel, hotel	721	\$25-\$50.00	
Commercial	41,425	\$25-\$50.00	
Converter			
Residential	4,085	\$ 6.00	
Non-residential	46,970	\$ 6.00	
	<b> </b>	†····	

### 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 2				
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			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	20-100.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation	\$0-\$50.00		
		Move to new address	20.00-50.00		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006543 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 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example 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 channel 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 noncommercial 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 explanation 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 your 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 representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further 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. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) (If Distant) NUMBER STATION WBRA-1 15.1 Ε No ROANOKE, VA WBRA-2 15.2 E-M **ROANOKE, VA** No See instructions for additional information WBRA-3 15.3 E-M No ROANOKE, VA on alphabetization. WBRA-4 15.4 E-M No ROANOKE, VA Ν ROANOKE, VA WDBJ-1 7.1 No WDBJ-2 7.2 I-M No ROANOKE, VA 7.3 WDBJ-3 I-M No ROANOKE, VA WDBJ-4 7.4 I-M No ROANOKE, VA WFXR-1 27.1 1 No ROANOKE, VA WFXR-4 27.4 I-M No ROANOKE, VA WPXR-1 ı 38.1 No ROANOKE, VA WSET-1 13.1 N LYNCHBURG, VA No WSET-2 13.2 I-M No LYNCHBURG, VA WSET-3 13.3 I-M No LYNCHBURG. VA WSET-4 13.4 I-M No LYNCHBURG, VA WSLS-1 10.1 Ν No ROANOKE, VA WSLS-2 10.2 I-M ROANOKE, VA No WSLS-3 10.3 I-M ROANOKE, VA No

LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#		
COXCOM, LLC	;				006543	Name	
PRIMARY TRANSMITT	ERS: TELEVISIO	N					
carried by your cable	system during the	he accounting	period, except	(1) stations carrie	s and low power television stations) d only on a part-time basis under	G	
•				•	ain network programs [sections and (2) certain stations carried on a	Primary	
substitute program ba	asis, as explaine	d in the next	paragraph.	. , , , , , , , , , , , , , , , , , , ,	•	Transmitters: 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 the station was carried only on a substitute basis.							
List the station here.	, and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located		
Column 1: List ea	ch station's call	-			s such as HBO, ESPN, etc. Identify		
			•	•	ntion. For example, report multi- h stream separately; for example		
WETA-simulcast).			•	•			
			-		ion for broadcasting over-the-air in may be different from the channel		
on which your cable s	,		ation is a netwo	rk station, an inde	ependent station, or a noncommercial		
educational station, b	y entering the le	tter "N" (for n	etwork), "N-M" (f	or network multic	ast), "I" (for independent), "I-M"		
(for independent mult For the meaning of th	,. ,		,.	•	ommercial educational multicast). he paper SA3 form.		
Column 4: If the s	tation is outside	the local serv	vice area, (i.e. "d	listant"), enter "Ye	es". If not, enter "No". For an ex-		
planation of local services Column 5: If you h					e paper SA3 form. stating the basis on which your		
cable system carried carried the distant sta		•	٠.	•	tering "LAC" if your cable system		
For the retransmis	sion of a distant	multicast stre	eam that is not s	ubject to a royalty	payment because it is the subject		
_				•	stem or an association representing ry transmitter, enter the designa-		
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any of	ther basis, enter "O." For a further		
					ed in the paper SA3 form.  to which the station is licensed by the		
FCC. For Mexican or <b>Note:</b> If you are utilizi				•	which the station is identifed.		
Note. II you are utilizi	ng mulupie chai				channer inte-up.		
	1		EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
SIGN	NUMBER	STATION	(163 01 140)	(If Distant)			
WWCW-1	21.1	I	No		LYNCHBURG, VA		
WWCW-3	21.3	I-M	No		LYNCHBURG, VA		
WWCW-4	21.4	I-M	No		LYNCHBURG, VA		
WZBJ-1	24.1	I	No		DANVILLE, VA		

	LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
	COXCOM, LLC					006543	Name
PF	RIMARY TRANSMITTE	ERS: TELEVISIO	)N				
	•		•	, ,		and low power television stations) donly on a part-time basis under	G
	_				-	nin network programs [sections	Brimanı
	ibstitute program ba		, ,	-	(e)(2) and (4))], an	nd (2) certain stations carried on a	Primary Transmitters:
la -					carried by your ca	able system on a substitute program	Television
	asis under specifc F0 Do not list the statior station was carried	n here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
• [	ist the station here, basis. For further in	and also in spa formation cond	ace I, if the sta			ute basis and also on some other the general instructions located	
	in the paper SA3 fo Column 1: List each		sign. Do not r	eport origination	program services	s such as HBO, ESPN, etc. Identify	
	ach multicast stream	associated wit	h a station ac	cording to its over	er-the-air designat	ion. For example, report multi-	
	ast stream as "WET <i>A</i> ′ETA-simulcast).	A-2". Simulcast	streams must	t be reported in o	column 1 (list each	stream separately; for example	
	Column 2: Give the			•		on for broadcasting over-the-air in	
	s community of licens n which your cable sy	•		annel 4 in Wash	ington, D.C. This r	may be different from the channel	
	Column 3: Indicate	in each case v	whether the st			pendent station, or a noncommercial	
	•	-	•	,		est), "I" (for independent), "I-M" mmercial educational multicast).	
,	or the meaning of the	,		,.	•	•	
				•	•	s". If not, enter "No". For an ex-	
pı	anation of local servi Column 5: If you ha					paper SA3 form. tating the basis on which your	
	•		-		•	ering "LAC" if your cable system	
ca	arried the distant stat For the retransmiss					apacity. payment because it is the subject	
of						tem or an association representing	
	•			•	•	y transmitter, enter the designa-	
				•	•	ner basis, enter "O." For a further d in the paper SA3 form.	
L.					-	to which the station is licensed by the	
	ote: If you are utilizir				•	which the station is identifed. channel line-up.	
	,	-	• •	EL LINE-UP		<u>'</u>	_
1	. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
	SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
		NUMBER	STATION		(If Distant)		_
							See instructions for
							additional information
							on alphabetization.
		••••••					
							"
			<b></b>				
			<b>}</b>				
			<u> </u>				
ĺ						1	

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 4.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
COXCOM, LLC
SYSTEM ID#
006543



#### PRIMARY TRANSMITTERS: RADIO

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.

#### Primary Transmitters: Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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
		l		<u> </u>			

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2024/2
LEGAL NAME OF OWNER OF	CABLE SYST	EM:			\$	SYSTEM ID#	Name
COXCOM, LLC						006543	Numb
SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LOG	i			ı
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.							
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Yes X No							
Note: If your answer is "No		rest of this pag	ge blank. If your answer is '	Yes," you mu			Program Log
log in block 2.							
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program 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 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant stat egulations, c ation. Do no Lucy" or "NE m was broad sign of the s adcast static atth and day ve "5/7." es when the Example: a er "R" if the and regulati rogramming	am on a separa attach addition nnetwork televion and that your authorization at use general of the absolute at the attachment of the attac	al pages. ision program (substitute pour cable system substitute) is. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute pour ided by a system from 6:01:	rogram) that, d for the progeral instruction "basketball".  o." m. station is lice station is ider program. Use table system.  5 p.m. to 6:2 mming that y; enter the le	during the accounting gramming of another state on slocated in the paper. List specific program ensed by the FCC or, in nitified).  List the times accurate the second period of the second period period of the second period period of the second period per	tion oth y	
c	NI IDOTITI IT		4		EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S	1	5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
	<b></b>	 					
	<b></b>	 					
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ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COXCOM. LLC 006543 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-J 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 Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred 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 AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED CALL SIGN CALL SIGN HOURS HOURS DATE FROM TO DATE **FROM** TO

	AL NAME OF OWNER OF CABLE SYSTEM:  OXCOM, LLC		SYSTEM ID# 006543	Name		
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.  (Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.  If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.  If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.  If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line						
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 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.	percent of the	243,865.66 87,714.73			
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the informat space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  Yes—Complete the DSE schedule.  X No—Leave block 3 below blank and complete.	must check				
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. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00			
	Line 3. Add lines 1 and 2 and enter here  Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee		-			
Block 4	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 zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$	0.00	Cable systems submitting additional 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		88,439.73	appropriate form for submitting the additional fees.		
	EFT Trace # or TRANSACTION ID #					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page general instructions located in the paper SA3 form and the Excel instructions tab for mo	* *	)			

ACCOUNTING PERIOD: 2024/2

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 8.  SYSTEM ID#							
Name	COXCOM, LLC	006543							
	CHANNELS								
M	Instructions: You must give (1) the number of channels on which the cable system carried televis	sion broadcast stations							
<u>.</u>	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels	Enter the total number of channels on which the cable								
	system carried television broadcast stations	22							
	Enter the total number of activated channels     on which the cable system carried television broadcast stations								
	and nonbroadcast services	391							
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individ	dual							
Individual to	we can contact about this statement of account.)								
Be Contacted									
for Further	Name Delicia Nwadike	Telephone (404) 269-7471							
Information									
	Address 6205B PEACHTREE DUNWOODY ROAD - 21 FLOOR  (Number, street, rural route, apartment, or suite number)								
	ATI ANTA GEORIGA 30328								
	(City, town, state, zip)								
	Email Delicia.Nwadike@cox.com Fax (option	alj <mark>N/A</mark>							
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyri	aht Office regulations.)							
0	Solve and a signed in a second and solve and signed in a second and solve an	g ooo .oga.aa.oo.,							
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Course of the sold or sequential or necture bin) I am the source of the sold or sequence of destified in line	and of appear Di ar							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in lin	ie i oi space b, oi							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner	r of the cable system as identified							
	in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B.	lentifed as owner of the cable system							
	I have examined the statement of account and hereby declare under penalty of law that all statements of are true, complete, and correct to the best of my knowledge, information, and belief, and are made in go								
	[18 U.S.C., Section 1001(1986)]								
	/s/ Tim Montz								
	Enter an electronic signature on the line above using an "/s/" signature to certify this s (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, plac	e your cursor in the box and press the "F2"							
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Exce	el's Lotus compatibility settings.							
	Typed or printed name: <b>Tim Montz</b>								
	Title: SVP, Enterprise Accounting								
	(Title of official position held in corporation or partnership)								
	Data: Fabruary 44, 2025								
	Date: February 11, 2025								

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	N
COXCOM, LLC	006543	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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers 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 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?  X NO  YES. Enter the total here and list the satellite carrier(s) below	ic e sub- 9." ne	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ment.	Q
Line 1 Enter the amount of late payment or underpayment	<b>1%</b>	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	days 	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	arge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance p contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	lease	
** 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 ori filing.	ginal	
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 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.

ACCOUNTING PERIOD: 2024/2

DSE SCHEDULE, PAGE 10.

### 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 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.

#### 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 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.

- Calculate a separate base rate fee for each subscriber group, using
   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:

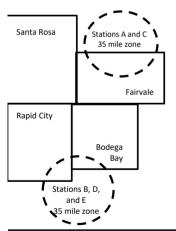
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 Cari	ried	Identification	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)	0.25	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)

**ACCOUNTING PERIOD: 2024/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

	- 11: (GGITTIITGEB)									
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#									
-	COXCOM, LLC					006543				
	SUM OF DSEs OF CATEGOR		IS:							
	<ul> <li>Add the DSEs of each station.</li> <li>Enter the sum here and in line 1</li> </ul>		0.00							
	Enter the sum here and in line 1 of part 5 of this schedule.									
2	Instructions:	iene". list the sell	signs of all distant stations is	dentified by the	letter "○" in column F					
_	<b>In the column headed "Call Sign":</b> list the call signs of all distant stations identified by the letter "O" in column 5 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-					
	mercial educational station, give	e the DSE as ".2								
Category "O"			CATEGORY "O" STATION		T					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as										
necessary.										
Remember to copy all										
formula into new										
rows.										
				<b>†</b>						

Nama	LEGAL NAME OF OV	VNER OF CABLE SYSTEM:					S	SYSTEM ID#
Name	COXCOM, LL	С						006543
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should or Column 3: Column 4: be carried out a Column 5: give the type-va Column 6:	the call sign of all distant For each station, give the prespond with the inform For each station, give the Divide the figure in colur at least to the third decim For each independent stalue as ".25." Multiply the figure in colu	e number of hours ation given in space total number of hon 2 by the figure in al point. This is the ation, give the "typeum 4 by the figure	your cable system to a J. Calculate onlours that the station column 3, and g "basis of carriage e-value" as "1.0." in column 5, and	or carried the station y one DSE for each on broadcast over tive the result in deep value" for the state of each network of the result in control of the state of the result in control of the state of the result in control	n during the accounting p ch station. the air during the accoun ccimals in column 4. This	ting period. figure must ional station, station the	
Capacity		C	ATEGORY LA	C STATIONS:	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	RS CDBY S	IUMBER OF HOURS TATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	iΕ
			÷			x J		
			÷ ÷			x x	=	
			÷			x	=	
			÷			x	=	
			÷			x x		
			÷			x		
	Add the DSEs of	OF CATEGORY LAC ST feach station. In here and in line 2 of pa		<del>)</del> ,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effect Broadcast or space I).     Column 2: F at your option. T Column 3: E Column 4: D	t on October 19, 1976 (a le or more live, nonnetwor or each station give the r his figure should corresp nter the number of days ivide the figure in columr	ution for a program s shown by the lette k programs during to number of live, none bond with the inform in the calendar yea a 2 by the figure in o	that your system er "P" in column 7 that optional carria network programs nation in space I. r: 365, except in a column 3, and give	was permitted to of space I); and ge (as shown by the carried in substitute I leap year. e the result in colu	grams) if that station: delete under FCC rules ar e word "Yes" in column 2 or ution for programs that we mn 4. Round to no less the e general instructions in the	f ere deleted nan the third	).
		SU	BSTITUTE-BAS	SIS STATION	S: COMPUTA	TION 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 of	OF SUBSTITUTE-BASIS f each station. n here and in line 3 of pa		s,		0.00		
5		R OF DSEs: Give the amo		s in parts 2, 3, and	4 of this schedule	and add them to provide th	ne total	
Total Number	1. Number o	of DSEs from part 2 ●			<b>&gt;</b>	·	0.00	
of DSEs	2. Number of	of DSEs from part 3 ●			<u>}</u>		0.00	
	3. Number o	of DSEs from part 4 ●			<b>&gt;</b>		0.00	
	TOTAL NUMBEF	R OF DSEs				<b></b> ►		0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2024/2

COXCOM, LLC	OWNER OF CABLE S	YSTEM:					S	YSTEM ID# 006543	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the rer "No," complete bloc	mainder of pa	•	of the DSE sched	ule blank and	complete part	8, (page 16) of the	е	6
			BLOCK A: 1	ELEVISION MA	ARKETS				Computation of
effect on June 24,	m located wholly ou , 1981? nplete part 8 of the s plete blocks B and (	schedule—D	,				CC rules and regul	ations in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	/ITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation e DSE Scheo	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	on of permitte	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommercia D Grandfathered instructions fo E Carried pursua *F A station prev	les and reguled pursuant to on as defined al educational station (76.6 r DSE sched ant to individu viously carrie HF station w	ations cited be to the FCC mar in 76.5(kk) (76.55) (see paragrule). It is a waiver of FC d on a part-tim ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on .57, 76.59(b), )(1), 76.63(a) 3(a) referring stitution of gra is prior to Jun	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered state	6.63(a) referring to		
Column 3:	*(Note: For those this schedule to d	e stations ide letermine the	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2	2, you must co	omplete the wo	1		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		Е	BLOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of [	OSEs from p	part 5 of this s	chedule					
Line 2: Enter the	sum of permitted	I DSEs from	ı block B abo	/e					
	line 2 from line 1. leave lines 4–7 bla			•		ate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter sur	n here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	s from line	3				x		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 and	l enter here	and on line 2	block 3 space	I (nage 7)			0.00	

	ME OF O	WNER OF CABLE S	SYSTEM:					SY	STEM ID# 006543	
BLOCK A: TELEVISION MARKETS (CONTINUED)										
1. C/		2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS	3. DSE	6
- Cic		B/ (OIC		CICIT	2,1010		0.014	E/ (OIC		Computation o
							<u> </u>			

**ACCOUNTING PERIOD: 2024/2** 

Name	COXCOM, LLC	ER OF CABLE	SYSTEM:								s	906543
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	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 accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).  Column 4: 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.											ntered
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS									0.5		
	1. CALL SIGN	2. PRIC DSE			OUNTING ERIOD			4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
<b>7</b> Computation of the	Instructions: Block A must be completed.  In block A:  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.											
Syndicated				BLOCK	A: MAJOR	TE	ΞL	EVISION MARKE	ET			
Exclusivity Surcharge	• Is any portion of the c  X Yes—Complete	-	•	00 major	television mark	et a	as	defned by section 76.  No—Proceed to		les in effect Jur	ne 24, 19	81?
	BLOCK B: C	arriage of VHF	/Grade B (	Contour S	Stations			BLOCK	C: Compu	itation of Exem	pt DSEs	
	Is any station listed in commercial VHF statio or in part, over the cab	block B of par on that places	t 6 the prim	nary strea	m of a		ni	/as any station listed ty served by the cable former FCC rule 76.	in block B o	of part 7 carried	d in any	commu-
	Yes—List each sta			iate permit	ited DSE			Yes—List each sta  X No—Enter zero an			te permitt	ed DSE
	CALL SIGN	DSE	CALL S	SIGN	DSE		ļ	CALL SIGN	DSE	CALL SIG	SN	DSE
			TOTAL	DSEs	0.00					TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: COXCOM, LLC	SYSTEM ID# 006543	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	8,243,865.66	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	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.	0.00	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?      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 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)		
	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		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.		
4a	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>=</b>	
	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		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	(	COXCOM, LLC	006543
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		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Exclusivity 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>
	Instruc	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 part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B;	art
J		checked "Yes," use the total number of DSEs from part 5.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation		r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	• If you	r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	ow
Base Rate Fee	blank What i	. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		pocated within that station's local service area and others were located outside that area. For the definition of a station's "located"	al
	service	e area," see page (v) of the general instructions.	
		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?	
	L	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)	66_
	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
	0 "	use the total number of Bots from part o.).	
	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) ▶ \$ -	
		· · · · · · · · · · · · · · · · · · ·	
		B. Enter 0.00701 of gross receipts  (the amount in section 1)▶ \$ 57,789.50	
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here	
		(allo ligallo ili sociati i 2) and onto noto	
		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	<u></u>

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2024/2

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
coxo	COM, LLC	006543	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	in the lighterin section 2 is more than 4.000, compute your base rate lee here and leave section 5 blank.		8
	A. Enter 0.01064 of gross receipts		0
	(the amount in section 1) <b>&gt;</b>	_	
	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 ▶\$	_	
	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		
	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	
	<u></u>		
	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.		9
	o. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,	to exclude	
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac on, you must:		Computation of
		th	Base Rate Fee and
	livide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine t		Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for	each group.	Exclusivity Surcharge
	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for Partially
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in particle a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belible system is wholly located outside all major television markets, complete block A only.		Partially 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 station to that community.	on you	Stations
Step 2	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc the station's local service area. A subscriber located outside the local service area of a station is distant to that stat		
	oken, the station is distant to the subscriber.)	.o (aa, 2) a.o	
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Enter group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that e only one subscriber group when the distant stations it carried have local service areas that coincide.		
Comp	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system	em's subscriber	
groups In each	section:		
	fy the communities/areas represented by each subscriber group.		
• Give	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in a schedule; or,	parts 2, 3, and	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bl 6 of this schedule.	ock B,	
• Add ti	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 ir paper SA3 form.	nstructions	
page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (tha or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	t is, the total	

Na	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	COXCOM, LLC	006543
	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 Rat and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	е
	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.	

COXCOM, LLC	R OF CABLE						006543	Name
E				TE FEES FOR EAC				
	FIRST	SUBSCRIBER GROU				SUBSCRIBER GRO		9
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA	······		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 07017	202	07.22 0.0.1	332	07.122 97977	202	0/122 0.0.1	332	Base Rate I
								and
								Syndicate
								Exclusivit
		<b> </b>						Surcharge
		H						for
		H						Partially
		H						Distant Stations
		H						Stations
		H						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gr	OUD	\$ 8,24	3,865.66	Gross Receipts Sec	and Group	\$	0.00	
ross receipts i list of	oup	Ψ 0,24	0,000.00	Gross Receipts Geo.	ond Group	<del>y</del>	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second Group \$ 0.00				
	THIRD	SUBSCRIBER GROU	JP	FOURTH SUBSCRIBER GROUP				
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<b> </b>						
		H						
		H						
		H						
		H						
		H						
		H						
		H						
		- 						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group		\$	0.00	Gross Receipts Four	th Group	\$	0.00	
•								
·								
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
·	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

### Nonpermitted 3.75 Stations

LEGAL NAME OF OW	NER OF CABL	E SYSTEM:	_			:	SYSTEM ID# 006543	Name
				ATE FEES FOR EAG				
FIRST SUBSCRIBER GROUP				COMMUNITY/ ARE		SUBSCRIBER GRO	0 0	9
COMMUNITY/ AREA 0			COMMONT TO ARE	Α			Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		<del> </del>	·····					and Syndicated
								Exclusivity
								Surcharge
								for
		H		-				Partially Distant
		<u> </u>						Stations
		<u> </u>						
		-		-				
		<u> </u>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$ 8,24	13,865.66	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00			
·	·				·			
Base Rate Fee First Group \$ 0.00			Base Rate Fee Second Group \$ 0.00					
		SUBSCRIBER GRO		FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>						
						<u> </u>		
		<del> </del>				H		
Total DSEs 0.00			Total DSEs	1		0.00		
Gross Receipts Third Group \$ 0.00		Gross Receipts Fou	ırth Group	\$	0.00			
Base Rate Fee Third Group \$ 0.0		0.00	Base Rate Fee Fourth Group		\$	0.00		
				Ш				
			criber group a	as shown in the boxes	above.	•	0.00	
Enter here and in blo	иск з, line 1, s	space ∟ (page /)				<b>\$</b>	0.00	

**ACCOUNTING PERIOD: 2024/2** FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COXCOM, LLC 006543 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market of **Base Rate Fee INSTRUCTIONS:** 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 and Syndicated this schedule **Exclusivity** 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 Surcharge Exempt DSEs in block C. part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge

computation . . . . . . . . . . . . . . . .

Third Group . . . . . . . . . . . . .

SYNDICATED EXCLUSIVITY

**SURCHARGE** 

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

computation . . . . . . . . . . . . . . .

Fourth Group . . . . . . . . . . . . .

SYNDICATED EXCLUSIVITY

SURCHARGE