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			
2/27/2020	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:					
Accounting Period	2019/2					
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  1010993  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM COXCOM, LLC					
	01099320192					
				010993 2019/2		
	6205 PEACHTREE DUNWOODY ROAD - 12 ATLANTA, GEORIGA 30328	FLOOR				
С	INSTRUCTIONS: In line 1, give any business or trade name names already appear in space B. In line 2, give the mailing					
System	inames aready appear in space b. In line 2, give the maining  IDENTIFICATION OF CABLE SYSTEM:	address of the system, if diffe	erent from the address give	п п ѕрасе в.		
Gyotom	1					
	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 1	1h Identify only the fret comp	nunity served below and rel	ist on page 1h		
Area	with all communities.	ib. Identity only the list comin	idinty served below and ref	ist on page 15		
Served	CITY OR TOWN	STATE				
First	OCALA FL					
Community	Below is a sample for reporting communities if you report r	nultiple channel line-ups in S	pace G.			
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#		
Sample	Alda	MD	Α	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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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:  COXCOM, LLC  SYSTEM ID# 010993							
Instructions: 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 first 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							
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.							
all communities with the channel line-up "A" in the appropriate column below or leave	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						
When reporting the carriage of television broadcast stations on a community-by-com- channel line-up designated by an alpha-letter(s) (based on your Space G reporting) a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	nd a subscriber gr						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
OCALA	FL			First			
MARION COUNTY	FL			Community			
				See instructions for			
				additional information			
				on alphabetization.			
				Add rows as necessary.			

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM, LLC

SYSTEM ID#

010993

### Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO		BLOC	K 2			
	NO. OF				NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	ATEGORY OF SE	RVICE	SUBSCRIBERS	RATE
Residential:						
<ul> <li>Service to first set</li> </ul>	16,148	\$0-\$25.00				
<ul> <li>Service to additional set(s)</li> </ul>	81	No Cost				
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	53	\$0-\$25.00				
Commercial	610	\$0-\$25.00				
Converter						
Residential	36,663	\$ 3.99				
Non-residential	7,669	\$ 3.99				
	[	T			T	

### 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	<ul> <li>Motel, hotel</li> </ul>			
<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			
Additional set(s)	\$ 25.00	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 010993 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 in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) WACX-1 55.1 I No LEESBURG, FL WCJB-1 20.1 Ν No GAINESVILLE, FL See instructions for additional information WESH-1 Ν No 2.1 DAYTONA BEACH, FL on alphabetization. 2.2 I-M No WESH-2 DAYTONA BEACH, FL 9.1 WFTV-1 Ν No ORLANDO, FL WFTV-2 9.2 I-M No ORLANDO, FL No WFTV-3 9.3 I-M ORLANDO, FL WKCF-1 18.1 ı No CLERMONT, FL 18.2 I-M CLERMONT, FL WKCF-2 No WKCF-3 18.3 I-M No CLERMONT, FL Ν WKMG-1 6.1 No ORLANDO, FL WKMG-2 6.2 I-M No ORLANDO, FL WKMG-3 6.3 I-M No ORLANDO, FL WOFL-1 35.1 ı No ORLANDO, FL WRBW-1 65.1 ı No ORLANDO, FL WRBW-2 65.2 I-M No ORLANDO, FL WRBW-4 65.4 I-M No ORLANDO, FL WRDQ-1 27.1 1 No ORLANDO, FL

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM, LLC

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basic under

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

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program 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 in the paper SA3 form.

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

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

		CHANN	P <mark>AA (2)</mark>		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WRDQ-2	27.2	I-M	No		ORLANDO, FL
WRDQ-4	27.4	I-M	No		ORLANDO, FL
WRUF-1	10.1	I	No		GAINESVILLE, FL
WTGL-1	45.1	I	No		LEESBURG, FL
WUFT-1	5.1	E	No		GAINESVILLE, FL
WUFT-2	5.2	E-M	No		GAINESVILLE, FL
WUFT-3	5.3	E-M	No		GAINESVILLE, FL
WVEN-1	43.1	I	No		MELBOURNE, FL
WTMO	31.1	I	No		ORLANDO, FL
WOFL-2	35.2	I-M	No		ORLANDO, FL

Primary Transmitters: Television

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010993 COXCOM, LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2019/2
LEGAL NAME OF OWNER OF	CABLE SYST	EM:			;	SYSTEM ID#	Name
COXCOM, LLC						010993	Name
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG				ı
In General: In space I, identi substitute basis during the ac	counting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or authorizations.	For a further	Substitute
explanation of the programm				general instr	uctions located in the pa	per SA3 form.	Carriage:
<ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> </ul>						Special Statement and	
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.						Program Log	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every noi distant stati gulations, o tion. Do no ucy" or "NE n was broad sign of the s dcast static adian static th and day we "5/7." es when the Example: a er "R" if the and regulatic ogramming	m on a separa attach additional network televition and that your authorizations to use general of the second and the second an	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute program to community to which the community with which the stem carried the substitute pour capt pour	rogram) that, at for the progeral instruction "basketball".  o."  m. station is licent station is identification is identification. Use stable system.  5 p.m. to 6:2 mming that ye enter the letter.	during the accounting ramming of another status located in the paper List specific program nsed by the FCC or, in stiffied). numerals, with the more List the times accurated 8:30 p.m. should be our system was required ter "P" if the listed pro	tion hth ly	
	LIDETITLIT	T DDOCDAM			EN SUBSTITUTE	7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM  3. STATION'S  CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCURRED 6. TIMES FROM — TO	FOR DELETION	
					_		I
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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010993 COXCOM, LLC PART-TIME CARRIAGE LOG J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime 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 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

	SASE. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	XCOM, LLC	010993	Name
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	ondary transmission service	<b>K</b> Gross Receipts
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 3,932,965.66 (Amount of gross receipts)	
• Con • Con • If you fee • If you accompany	TRIGHT ROYALTY FEE Ictions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. In system did not carry any distant television stations, leave block 3 blank. Enter the arterior block 1 on line 1 of block 4, and calculate the total royalty fee. In system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.  In the system of the s	arts of the DSE Schedule	Copyright Royalty Fee
	ck 3 below.  art 6 of the DSE schedule was completed, the amount from line 7 of block C should be a	entered on line 2 in block	
3 be	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho		
2 in	block 4 below.		
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	e is 1.064 percent of the	
	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.	\$ 3,932,965.66	
	This is your minimum fee.	\$ 41,846.75	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	nn 4, you must check	
Block	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	_\$ -	
3	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	\$ -	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 41,846.75	Cable systems
	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	0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing 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	\$ 42,571.75	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. ( general instructions located in the paper SA3 form and the Excel instructions to		

Name	LEGAL NAME OF OWNER OF CABI	E SYSTEM:	SYSTEM ID#			
Name	COXCOM, LLC		010993			
	CHANNELS					
M	Instructions: You must gi	ve (1) the number of channels on which the cable system carried television broadcas	st stations			
Ob	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	f channels on which the cable				
		broadcast stations	28			
	2. Enter the total number of					
	-	m carried television broadcast stations es	680			
	and nonbroadcast servic					
N	INDIVIDUAL TO BE CON	TACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual				
Individual to	we can contact about this	statement of account.)				
Be Contacted						
for Further	Name BRYAN GO	SS Telephone	404-269-4444			
Information						
		HTREE DUNWOODY ROAD - 12 FLOOR al route, apartment, or suite number)				
		GEORIGA 30328				
	(City, town, state, z					
	Email BR'	YAN.GOSS@COX.COM Fax (optional) 404-269-	-1607			
	CERTIFICATION (This state	ement of account must be certifed and signed in accordance with Copyright Office re	gulations.			
0		3	5			
Certifcation	• I, the undersigned, hereby	certify that (Check one, but only one, of the boxes.)				
	<b>п</b> .					
	(Owner other than corp	oration or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or			
	(Agent of owner other t	han corporation or partnership) I am the duly authorized agent of the owner of the cab	le system as identified			
		nd that the owner is not a corporation or partnership; or	,			
	(Officer or partner) I ar	n an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	owner of the cable system			
	in line 1 of space B.					
	I have examined the stater	nent of account and hereby declare under penalty of law that all statements of fact contai	ned herein			
	are true, complete, and corr [18 U.S.C., Section 1001(19	ect to the best of my knowledge, information, and belief, and are made in good faith.				
	[10 0.0.0., 000	55/1				
	X	/s/ Mary Vickers				
	Enter	an electronic signature on the line above using an "/s/" signature to certify this statement.				
		/s/ John Smith). Before entering the first forward slash of the /s/ signature, place your curso outton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotu				
	Гуре	d or printed name: MARY VICKERS				
	Title	VICE PRESIDENT				
	Title	(Title of official position held in corporation or partnership)				
	Date	: February 15, 2020				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#	Name
COXCOM, LLC 010993	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the 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?	Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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: 2019/2

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica 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 accoun (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 lead stations are not counted at all in computing DSEs	

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 C 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 or 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 particula 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  $\varepsilon$  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, ir 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 beer 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 statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
  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.

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

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

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

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 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;
   the total number of DSEs for that group's complement of stations;
   and
   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.

Santa Rosa	Stations A and C 35 mile zone
<b>\</b> an	Bodega Bay ns B, D, id E le zone

	<b>Distant Stations Carrie</b>	d	Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
n	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 DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

		φο,σοσσ			
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: 2019/2** 

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#
1	COXCOM, LLC					010993
	SUM OF DSEs OF CATEGOR	RY "O" STATION	NS:			I
	Add the DSEs of each station					
	Enter the sum here and in line		s schedule.		0.00	
						<u> </u>
2	Instructions: In the column headed "Call S	Sian": list the co	Il ciane of all dictant ctations	identified by	the letter "O" in column 5	
_	of space G (page 3).	igii . list tile ca	iii sigris or air distarit stations	s identified by	ine letter O in column 3	
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSI	≣ as "1.0"; for	each network or noncom-	
of DSEs for	mercial educational station, given	e the DSE as ".2	25."			
Category "O"			CATEGORY "O" STATION	NS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						
10W5.						

Name	COXCOM, L	LC					S	010993
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	at the call sign of all distance: For each station, give correspond with the infoctories and station, give to bride the figure in column at least to the third decipate as ".25."	the number of hours rmation given in spatthe total number of umn 2 by the figure mal point. This is the station, give the "tylolumn 4 by the figure	s your cable syster ace J. Calculate on hours that the stati in column 3, and g e "basis of carriago pe-value" as "1.0." e in column 5, and	n carried the stat ly one DSE for e on broadcast ove jive the result in o e value" for the s For each networ	ion during the accounting ach station. er the air during the acco decimals in column 4. Th	unting period.  is figure must  cational station,	
Capacity	071011111	(	CATEGORY LA	C STATIONS:	COMPUTATION	ON OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOI CARRII SYSTE	ER 3. N URS C ED BY S	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	iΕ
			÷			x x	= =	
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			÷ ÷			x x	<u> </u>	
			÷	=		x x	<u>=</u> 	
			÷	=		x	=	
	Add the DSEs	oF CATEGORY LAC Sof each station. Im here and in line 2 of p		le,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations and the space I).     Column 2: at your option.     Column 3:     Column 4:	ect on October 19, 1976 one or more live, nonnetw For each station give the This figure should corrected the number of day Divide the figure in colur	titution for a prograr (as shown by the le cork programs during e number of live, no spond with the infor s in the calendar ye nn 2 by the figure in	n that your system tter "P" in column in that optional carri nnetwork programs mation in space I. ar: 365, except in column 3, and give	was permitted to of space I); and age (as shown by a carried in substalleap year.  The the result in co	delete under FCC rules	of were deleted s than the third	rm).
		SU	IBSTITUTE-BAS	SIS STATIONS		TION OF DSEs	T	
	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 SUBSTITUTE-BAS of each station. Im here and in line 3 of p		le,		0.00		=
5	number of DSEs	s applicable to your syste		es in parts 2, 3, and	4 of this schedule	and add them to provide		
Total Number of DSEs		f DSEs from part 2● f DSEs from part 3●			<b>!</b>	•	0.00	
0.2020		f DSEs from part 4 ●			: )	•	0.00	
	TOTAL NUMBE	R OF DSEs				<b>&gt;</b>		0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/2

COXCOM, LL		SYSTEM:					S	YSTEM ID# 010993	Name
Instructions: Blo In block A: • If your answer if schedule. • If your answer if		· emainder of p ocks B and C	below.			nd complete pa	art 8, (page 16) of	the	6 Computation of
		outside of all i schedule—E C below.	major and sma		efined under s	PART 6 AND 7		gulations in	3.75 Fee
Column 1: CALL SIGN Column 2:	under FCC rules instructions for the Satellite Televisi Enter the approp	and regulation ne DSE Sche on Extension priate letter inc	ons prior to Jui dule. (Note: Th and Localism dicating the ba	sis on which you	urther explana refers to an ex carried a perm	ation of permitt cempt multicas nitted station	ed stations, see tl t stream as set fo	he	
BASIS OF PERMITTED CARRIAGE	A Stations carri 76.61(b)(c)] B Specialty stat C Noncommeric D Grandfathere instructions for E Carried pursu *F A station pre	ied pursuant to a define the call education and station (76.4 or DSE sched ant to individuationally carries (JHF station was and to station was a defined to the carries (JHF station was a defined to	to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ad on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(	(6.57, 76.59(b) (e)(1), 76.63(a) (63(a) referring (bstitution of g) (asis prior to Ju	), 76.61(b)(c), 1) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring 6.61(e)(1 stations in the	,	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 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	
	1	1						0.00	
		В	LOCK C: CO	MPUTATION O	F 3.75 FEE				
Line 1: Enter the									
Line 2: Enter the	·								
Line 3: Subtract (If zero,	line 2 from line fleave lines 4–7 b			•		rate.		0.00	5 (1)
Line 4: Enter gro	oss receipts from	n space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially permited/
Line 5: Multiply	line 4 by 0.0375	and enter รเ	ım here				x		partially nonpermitted carriage?
Line 6: Enter tot	al number of DS	Es from line	3					<u>-</u>	If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

ACCOUNTING PERIOD: 2019/2

-									
			JED)	S (CONTIN	ION MARKETS	A: TELEVIS	BLOCK		
6	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN
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Name	COXCOM, LLC	IER OF CABLE	E SYSTEM:						S	910993 010993
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fot A—Part-time spi 76.50; B—Late-night pric S—Substitute ca genera Column 5: Indicate Column 6: Compari	or to June 25, call sign for eather DSE for the DSE for the DSE for the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). arriage under all instructions the station's Ie the DSE figures. B, column 3 differential information you call information you information you call instructions the station's Ie the DSE figures.	1981, under forme ach distant station his station for a sin g period and year carriage on which the regulations cited b mming: Carriage, c)(1), or 76.63 (refe Carriage under FC certain FCC rules, in the paper SA3 DSE for the current ures listed in column of part 6 for this state ou give in columns	er FCC rules govidentifed by the gle accounting in which the car he station was of elow pertain to a part-time borring to 76.61(e) C rules, section regulations, or form.  t accounting per and 5 and attion.  2, 3, and 4 musting the gle and 5	veri let per ria carr tho asi (1) s 7	entifed by the letter "F" ning part-time and subter "F" in column 2 of priod, occurring between ge and DSE occurred ried by listing one of the se in effect on June 24 is, of specialty program (a).  76.59(d)(3), 76.61(e)(3) thorizations. For further das computed in parts at the smaller of the two see accurate and is subject to the subject of the subject in parts and the smaller of the two see accurate and is subject to the smaller of the subject in parts and the smaller of the two see accurate and is subject to the smaller of the subject in parts and the smaller of the two sees accurate and is subject to the smaller of the smalle	stitute carri part 6 of the n January 1 (e.g., 1981/ e following 4, 1981. nming unde d, or 76.63 ( r explanation 2, 3, and 4 o figures her	age. DSE schedule, 1978 and Jur 1) letters  r FCC rules, se referring to on, see page (von, see page)	ene 30, 19 ections  vi) of the should be	981 se enterer
					ED	ON A PART-TIME AN	1			
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
	SIGN	DOE	. Г	ENIOD		CARRIAGE	L	J3E		DSE
7 Computation of the	,	"Yes," comple	ete blocks B and C locks B and C blan	k and complete		art 8 of the DSE sched				
Syndicated			BLOC	K A: MAJOR	TE	ELEVISION MARK	<u>ET</u>			
Exclusivity Surcharge	• Is any portion of the o	cable system v	within a top 100 mai	or television mar	ket	t as defned by section 7	6.5 of ECC	rules in effect J	une 24	1981?
Guronargo	Yes—Complete	,	, ,	or toloviolon mai		X No—Proceed to		raide in enect o	uno z i,	1001.
	Tes Complete	blooks B and				A NO Trocca to	parto			
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSE	<b>S</b>
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places				Was any station listed nity served by the cab to former FCC rule 76	le system p			
	l <b>=</b>		th its appropriate per	mitted DSE		Yes—List each st			ate permi	tted DSE
	X No—Enter zero a	and proceed to	part 8.			X No—Enter zero a	nd proceed t	o part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE
		•								
			-							
		<u> </u>	TOTAL DSEs	0.00				TOTAL DS	Es	0.00
			. O IT IL DOLS	0.00				TOTAL DO		5.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: COXCOM, LLC	SYSTEM ID# 010993	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,932,965.66	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	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	Exclusivity 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.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      \( \text{\text{X}} \) No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE	
	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.		
JD	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.  X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS 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)	SE	
	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: COXCOM, LLC	SYSTEM ID# 010993
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 of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u> .
8 Computation	You me 6 was e	ctions:  ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.  uck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	part
of	,	r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow
Base Rate Fee	blank		
	What i	s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "lo	cal
	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?	
		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) ▶ \$ 3,932,965	.66_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.)	0.00
	Section		
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts  (the amount in section 1)	<u>-</u>
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ <b>\$</b> 27,570.09	
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	<u>-</u>
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	
		Base Rate Fee	<u>-  </u> .

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/2

LEGAL NAME OF OWNER OF CABLE SYSTE	M:		SYSTEM ID# 010993	Name
9	<b>4.000</b> , compute your base rate fee here and leave so	ection 3 blank.		
A. Enter 0.01064 of gross rece (the amount in section 1)				8
B. Enter 0.00701 of gross rece (the amount in section 1)	ipts ▶ <u>\$</u>			Computation of Base Rate Fee
C. Multiply line B by 3.000 and	enter here <b>&gt;</b>			Dase Rate ree
D. Enter 0.00330 of gross rece (the amount in section 1)	ipts <b>&gt;\$</b>			
E. Subtract 4.000 from total DS (the figure in section 2) and	SEs enter here			
F. Multiply line D by line E and	enter here	<b>▶</b> <u>\$</u>		
G. Add lines A, C, and F. This i Enter here and in block 3, lin	s your base rate fee.		0.00	
	o report television signals on a system-wide bas ommunity basis (subscriber groups) if the cable			9
In General: If any of the stations you car	ried were partially distant, the statute allows you he station's local service area, from your system			Computation of Base Rate Fee
station or the same group of stations. Ne DSEs and the portion of your system's gr	subscriber groups, each group consisting entirely axt: Treat each subscriber group as if it were a se coss receipts attributable to that group, and calcu- tees for each subscriber group. That total is the b	eparate cable system. Determir ulate a separate base rate fee f	e the number of	and Syndicated Exclusivity Surcharge
NOTE: If any portion of your cable syster also compute a Syndicated Exclusivity St	n is located within the top 100 television market urcharge for each subscriber group. In this case, side all major television markets, complete block	and the station is not exempt in , complete both block A and B		for Partially Distant Stations, and
How to Identify a Subscriber Group fo	r Partially Distant Stations ermine the local service area of each wholly dista	ant and each nartially distant s	tation you	for Partially Permitted
carried to that community.	Similine the local service area of each wholly dist	ant and cach partially distant 3	lation you	Stations
•	partially distant station you carried, determine v subscriber located outside the local service are ne subscriber.)	•		
subscriber group must consist entirely of	scriber groups according to the complement of si subscribers who are distant to exactly the same up when the distant stations it carried have local	complement of stations. Note		
Computing the base rate fee for each s groups. In each section:	subscriber group: Block A contains separate s	ections, one for each of your sy	ystem's subscriber	
Identify the communities/areas represent	nted by each subscriber group. s in the subscriber group's complement—that is	, each station that is distant to	all of the	
• If:				
1) your system is located wholly outside a and 4 of this schedule; or,	all major and smaller television markets, give ea	ch station's DSE as you gave i	t in parts 2, 3,	
<ol><li>any portion of your system is located in part 6 of this schedule.</li></ol>	n a major or smaller televison market, give each	station's DSE as you gave it in	block B,	
Add the DSEs for each station. This giv	es you the total DSEs for the particular subscribe	er group.		
<ul> <li>Calculate gross receipts for the subscribin the paper SA3 form.</li> </ul>	per group. For further explanation of gross receip	pts see page (vii) of the genera	l instructions	
page. In making this computation, use the	criber group using the formula outline in block B the DSE and gross receipts figure applicable to the cions and total gross receipts from the subscribe	ne particular subscriber group (	that is, the total	

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

actual calculations on the form.

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010993 COXCOM, LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OW COXCOM, LLC	NER OF CAB	LE SYSTEM:				S	010993	Name
				ATE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	<u>о</u>	COMMUNITY/ ARE		) SUBSCRIBER GRO	<b>0</b>	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for
		H						Partially
		_						Distant
								Stations
		-						
		•						
T / 1 DOF			0.00	T / I DOF		Ц	0.00	
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		=						
		_						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add	the base rat	te fees for each subs	criber group	as shown in the boxes	s above.		0.00	
Enter here and in blo	ock 3, line 1,	space L (page 7)				\$	0.00	

	L OCK A - 1	COMPLITATION O		TE FEES FOR EAC	H CLIDCOD	IDED COOLID		
В		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computat of
CALL GIGIN	DOL	OALL GIGIT	DOL	OALL GIGIN	DOL	CALL GIGIN	DOL	Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg
								for Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs		-	0.00	
ross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
							7	
<b>ase Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Seco	and Croup	\$	0.00	
				<b>2400 Nato 1 00</b> 0000	ila Group	Ψ	0.00	
	THIRD	SUBSCRIBER GRO	•				•	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	•	
OMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	•	COMMUNITY/ AREA	FOURTH		UP	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRC	UP		FOURTH		UP	
			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
CALL SIGN			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
			DSE	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	DSE	
CALL SIGN			0 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP <b>0</b>	
CALL SIGN	DSE		DSE	COMMUNITY/ AREA	DSE	SUBSCRIBER GRO	DSE	
	DSE	CALL SIGN	DSE DSE O.000	COMMUNITY/ AREA CALL SIGN  Total DSEs	DSE	SUBSCRIBER GRO	DSE	
CALL SIGN  Cotal DSEs  Gross Receipts Third (	DSE	CALL SIGN	0.00 0.00	COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Four	DSE th Group	SUBSCRIBER GRO  CALL SIGN  *  *  *  *  *  *  *  *  *  *  *  *  *	DSE	
CALL SIGN	DSE	CALL SIGN	DSE DSE O.000	COMMUNITY/ AREA CALL SIGN  Total DSEs	DSE th Group	SUBSCRIBER GRO	DSE	

ACCOUNTING PERIOD: 2019/2

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COXCOM, LLC 010993 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 mustalso compute a 9 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 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. 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 **Exclusivity** 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 . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown