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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

Return completed workbook by email to:

coplicsoa@copyright.gov

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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | |
|------------|--|--|---------------------------------------|-------------------|
| Accounting | 2020/1 | | | |
| Period | | | | |
| Bowner | Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine. If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco Check here if this is the system's first filling. If not, enter the system's ID | ss of the cable syster on the last day of to | em. he accounting period should st | - |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | |
| | COXCOM, LLC | | | |
| | | | | |
| | | | | 00732320201 |
| | | | | 007323 2020/1 |
| | | | | |
| | 6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR | | | |
| | ATLANTA, GEORIGA 30328 | | | |
| | INSTRUCTIONS: In line 1, give any business or trade names used to | identify the busine | ess and operation of the sys | stem unless these |
| С | names already appear in space B. In line 2, give the mailing address of | of the system, if di | ferent from the address giv | en in space B. |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | |
| | 2 (Number, street, rural route, apartment, or suite number) | | | |
| | | | | |
| | (City, town, state, zip code) | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the frst com | munity served below and re | elist on page 1b |
| Area | with all communities. | | | |
| Served | CITY OR TOWN | STATE | | |
| First | PARMA | ОН | | |
| Community | Below is a sample for reporting communities if you report multiple ch | | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# |
| Sample | Alda Alliance | MD MD | A B | 1 2 |
| | Gering | MD | В | 3 |
| | | | _ | |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | |
|---|--------------------|-------------------|------------|--|--|--|--|
| COXCOM, LLC | | | 007323 | | | | |
| 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 frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings | | | | | | | |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. | | | | | | | |
| If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9). | the column blank. | If you report any | stations | | | | |
| 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) are (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns | nd a subscriber gr | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | <u> </u> | | | |
| PARMA | OH | | | First | | | |
| BEREA DO ADVIEW UFICUTE | OH | | | Community | | | |
| BROADVIEW HEIGHTS BROOKLYN HEIGHTS | OH OH | | | | | | |
| FAIRVIEW PARK | OH | | | | | | |
| INDEPENDENCE | ОН | | | See instructions for | | | |
| LAKEWOOD | OH | | | additional information | | | |
| MIDDLEBURG HEIGHTS | ОН | | | on alphabetization. | | | |
| OLMSTED FALLS | OH | | | | | | |
| OLMSTED TOWNSHIP PARMA HEIGHTS | OH OH | | | | | | |
| ROCKY RIVER | OH | | | Add rows as necessary. | | | |
| SEVEN HILLS | OH | | | | | | |
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| | <u> </u> | <u> </u> | | <u> </u> | | | |

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM, LLC

SYSTEM ID#

007323

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 | BLOCK 1 BLOCK 2 | | | | |
|--|-----------------|-------------|--------------------------------------|--|--|
| | NO. OF | | NO. OF | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | RATE | CATEGORY OF SERVICE SUBSCRIBERS RATE | | |
| Residential: | | | | | |
| Service to first set | 30,374 | \$0-\$25.00 | | | |
| Service to additional set(s) | 13 | No Cost | | | |
| FM radio (if separate rate) | | | | | |
| Motel, hotel | 5 | \$0-\$25.00 | | | |
| Commercial | 760 | \$0-\$25.00 | | | |
| Converter | | | | | |
| Residential | 71,195 | \$ 3.99 | | | |
| Non-residential | 4,189 | \$ 3.99 | | | |
| | | 1 | | | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| | BLO | CK 1 | | 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 | | | |
| Pay cable—add'l channel | 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 | | 111111111111111111111111111111111111111 | |
| Additional set(s) | \$ 25.00 | Other services: | | | |
| • FM radio (if separate rate) | | Reconnect | | | |
| Converter | | Disconnect | | 111111111111111111111111111111111111111 | |
| | | Outlet relocation | \$0-\$50.00 | | |
| | | Move to new address | 20.00-50.00 | | |
| | | | | | |

| 1 7 | | | | | | |
|--|--|--|--|--|--|---|
| LEGAL NAME OF OWI | | STEM: | | | SYSTEM ID | Namo |
| COXCOM, LLC | ; | | | | 00732 | 3 |
| PRIMARY TRANSMITT | ERS: TELEVISION | ON | | | | |
| • | | • | ` ` | | ns and low power television stations) | G |
| | | | | . , | ed only on a part-time basis under | |
| 76.59(d)(2) and (4), 7 | 6.61(e)(2) and | (4), or 76.63 (| (referring to 76.6 | • | ; and (2) certain stations carried on a | Primary |
| substitute program ba | | | | s carried by your | cable system on a substitute progran | Transmitters: Television |
| basis under specifc F | | | • | is carried by your | cable system on a substitute program | relevision |
| | | | st it in space I (t | he Special State | ment and Program Log)—if the | |
| | , and also in spa | ace I, if the st | | | titute basis and also on some othe | |
| in the paper SA3 f | | cerning substi | itute pasis static | ons, see page (v) | of the general instructions located | |
| Column 1: List ea | ch station's call | - | | . • | ces such as HBO, ESPN, etc. Identify | |
| | | | • | • | nation. For example, report multi ch stream separately; for example | |
| WETA-simulcast). | A-2 . Simulcast | Streams mus | it be reported in | Column 1 (list ea | on stream separately, for example | |
| | | | - | | ation for broadcasting over-the-air ir | |
| on which your cable s | • | | nannei 4 in Was | nington, D.C. Thi | s may be different from the channe | |
| Column 3: Indicat | e in each case | whether the s | | | dependent station, or a noncommercia | |
| 1 | , , | • | , . | ` | commercial educational multicast) | |
| For the meaning of the | , | | , . | , | , | |
| | | | | ,. | Yes". If not, enter "No". For an ex | |
| planation of local services Column 5: If you l | | • , | • | | ne paper SA3 form , stating the basis on which you | |
| cable system carried | the distant stati | on during the | accounting per | iod. Indicate by e | ntering "LAC" if your cable syster | |
| carried the distant sta | ition on a part-ti | | | | | |
| | | t multicaet etr | eam that is not | subject to a rova | Ity navment herause it is the subjec | |
| For the retransmis | sion of a distan | | | | Ity payment because it is the subjectystem or an association representin | |
| For the retransmis of a written agreemer the cable system and | sion of a distan nt entered into o a primary trans | on or before Jo smitter or an a | une 30, 2009, b association repr | etween a cable s esenting the prim | system or an association representin ary transmitter, enter the designa | |
| For the retransmis of a written agreemer the cable system and tion "E" (exempt). For | sion of a distant nt entered into o a primary trans simulcasts, als | on or before Jo smitter or an a so enter "E". If | une 30, 2009, b association repr f you carried the | etween a cable se esenting the prime channel on any | system or an association representin lary transmitter, enter the designa other basis, enter "O." For a furthe | |
| For the retransmis of a written agreemer the cable system and tion "E" (exempt). For explanation of these to Column 6: Give the | sion of a distant the entered into of a primary trans simulcasts, als three categories the location of ea | on or before Jo smitter or an a so enter "E". If s, see page (v ach station. Fo | une 30, 2009, b association repr f you carried the r) of the general or U.S. stations | etween a cable seesenting the prime channel on any linstructions locatilist the commun | system or an association representin lary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the | |
| For the retransmis of a written agreemer the cable system and tion "E" (exempt). For explanation of these to Column 6: Give the FCC. For Mexican or | sion of a distant entered into of a primary trans simulcasts, alsthree categories he location of ea | on or before Josemitter or an a so enter "E". If s, see page (v ach station. Fo ons, if any, giv | une 30, 2009, bassociation reprifyou carried the (r) of the general or U.S. stations we the name of | etween a cable sesenting the prime channel on any linstructions local, list the community we | system or an association representin lary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the which the station is identifec | |
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| For the retransmis of a written agreemer the cable system and tion "E" (exempt). For explanation of these Column 6: Give the FCC. For Mexican or Note: If you are utilized. | sion of a distan nt entered into o a primary trans simulcasts, als three categories ne location of ea Canadian static ing multiple cha | on or before Josephiter or an a so enter "E". If s, see page (v, ach station. For ons, if any, givennel line-ups, | une 30, 2009, b association repr f you carried the r) of the general or U.S. stations we the name of the use a separate | etween a cable sesenting the prime channel on any instructions loca, list the community we space G for each | system or an association representing transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identified the channel line-up. | |
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| For the retransmis of a written agreemer the cable system and tion "E" (exempt). For explanation of these to Column 6: Give the FCC. For Mexican or Note: If you are utilized. 1. CALL SIGN WBNX-1 WBNX-2 WBNX-3 WDLI-TBN WEAO-1 | sion of a distannt entered into of a primary transis simulcasts, also three categories he location of ea Canadian staticing multiple chair channel NUMBER 55.1 55.2 55.3 | on or before Josmitter or an associated enter "E". If s, see page (vach station. Foons, if any, given nel line-ups, CHANN 3. TYPE OF STATION I-M I-M | une 30, 2009, b association repr f you carried the r) of the general or U.S. stations we the name of use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No | setween a cable seesenting the prime channel on any instructions loca, list the community we space G for each AA 5. BASIS OF CARRIAGE | eystem or an association representing any transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identified the channel line-up. 6. LOCATION OF STATION AKRON, OH AKRON, OH | additional information |
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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007323 COXCOM, LLC

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

| | | CHANN | EL LINE-UP | AA (2) | |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 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 |
| WQHS-3 | 61.3 | I-M | No | | CLEVELAND, OH |
| WRLM-1 | 47.1 | I | No | | CANTON, OH |
| WUAB-1 | 43.1 | I | No | | SHAKER HEIGHTS, OH |
| WUAB-2 | 43.2 | I-M | No | | SHAKER HEIGHTS, OH |
| WVIZ-1 | 25.1 | E | No | | CLEVELAND, OH |
| WVIZ-2 | 25.2 | E-M | No | | CLEVELAND, OH |
| WVIZ-3 | 25.3 | E-M | No | • | CLEVELAND, OH |
| WVIZ-4 | 24.4 | E-M | No | | CLEVELAND, OH |
| WVPX-1 | 23.1 | I | No | | AKRON, OH |
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G

Primary Transmitters: Television

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COXCOM, LLC 007323 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

| LEGAL NAME OF OWNER OF COXCOM, LLC | CABLE SYST | EM: | | | S | YSTEM ID# 007323 | Name |
|--|--|--|--|---|--|---------------------|--|
| SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the ac explanation of the programm | ify every nor | nnetwork televiseriod, under spe | sion program broadcast by ecific present and former FC | a distant statio CC rules, regu | lations, or authorizations. | For a further | ı |
| form. 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant state Note: If your answer is "No log in block 2. | iod, did you tion? ", leave the | r cable system rest of this paલ્ | n carry, on a substitute bas | • | Yes | XNo | Substitute Carriage: Special Statement and 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 monfirst. 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 of every no distant stat gulations, of tion. Do no Lucy" or "NE n was broad sign of the se adcast station adian station thand day ye "5/7." es when the Example: a er "R" if the and regulation | am on a separa attach addition nnetwork telev ion and that your authorization t use general of BA Basketball: doast live, ente station broadca on's location (the ons, if any, the when your system a substitute program on sin effect do | al pages. ision program (substitute pour cable system substitute is. See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "lasting the substitute programe community to which the community with which the item carried the substitute gram was carried by your led by a system from 6:01: was substituted for programing the accounting period | orogram) that ed for the pro neral instructi r "basketball" No." am. station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le | en, during the accounting gramming of another state ons located in the paper? List specific program ensed by the FCC or, in entified). The numerals, with the more accurate 28:30 p.m. should be gour system was require efter "P" if the listed pro | tion nth ly | |
| s | | E PROGRAM | | CARR | EN SUBSTITUTE IAGE OCCURRED | 7. REASON FOR | |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — TO — — — | DELETION | |
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ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007323 COXCOM, LLC **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 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 ТО FROM DATE FROM TO DATE

| | L NAME OF OWNER OF CABLE SYSTEM: XCOM, LLC SYSTEM ID# 007323 | Name |
|--|--|--|
| Inst all a (as i page | DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service dentifed in space E) during the accounting period. For a further explanation of how to compute this amount, see e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) | K Gross Receipts |
| | during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts. \$ 8,587,956.83 | |
| • Com • Com • If yo fee t • If yo acco | RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule companying this form and attach the schedule to your statement of account. urt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of k 3 below. | Copyright Royalty Fee |
| ▶ If pa | ort 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block blow. | |
| | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below. | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. | |
| | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. | |
| | This is your minimum fee. \$ 91,375.86 | |
| Block 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. X No—Leave block 3 below blank and complete line 1, block 4. | |
| Block 3 | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero \$ - | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | |
| | Line 3. Add lines 1 and 2 and enter here \$ - | |
| Block 4 | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter 0.00 | Cable systems submitting additional |
| | zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | deposits under Section 111(d)(7) should contact the Licensing |
| | Line 4. FILING FEE. \$ 725.00 | additional fees. Division for the |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | appropriate form for submitting the |
| | EFT Trace # or TRANSACTION ID # | additional fees. |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.) | |

ACCOUNTING PERIOD: 2020/1

FORM SA3E. PAGE 8.

| Marra | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|----------------------------|--|------------|
| Name | COXCOM, LLC | 007323 |
| | CHANNELS | |
| М | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations | |
| | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. | |
| Channels | | |
| | 1. Enter the total number of channels on which the cable | |
| | system carried television broadcast stations | |
| | 2. Enter the total number of estimated showneds | |
| | Enter the total number of activated channels on which the cable system carried television broadcast stations CEA | |
| | and nonbroadcast services | |
| | | |
| N | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual | |
| N | we can contact about this statement of account.) | |
| Individual to | | |
| Be Contacted | | |
| for Further Information | Name BRYAN GOSS Telephone 404-269-4444 | |
| illioilliation | | |
| | Address 6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR (Number, street, rural route, apartment, or suite number) | |
| | | |
| | ATLANTA, GEORIGA 30328 (City, town, state, zip) | |
| | | |
| | Email BRYAN.GOSS@COX.COM Fax (optional) 404-269-1607 | |
| | | |
| | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) | |
| 0 | | |
| Certifcation | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) | |
| | | |
| | (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or | |
| | | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or | |
| | In line 1 of space B and that the owner is not a corporation of partnership, of | |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. | ı |
| | in line i or space b. | |
| | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and exprest to the best of my knowledge, information, and belief, and are made in good faith. | |
| | are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] | |
| | | |
| | | |
| | | |
| | /s/ Mary Vickers | |
| | | |
| | Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the | "F2" |
| | button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. | |
| | Typed or printed name: MARY VICKERS | |
| | Typed of printed fidine. Interest Protected | |
| | | |
| | | |
| | Title: VICE PRESIDENT | |
| | (Title of official position held in corporation or partnership) | |
| | | |
| | Date: August 14, 2020 | |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | Name |
|--|--|
| COXCOM, LLC 007323 | Name |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the | Special Statement Concerning Gross Receipts |
| paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? | Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Mailing Address Mailing Address Mailing Address Mailing Address | |
| INTEREST ASSESSMENTS | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | Q |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | |
| (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. | |
| Owner Address | |
| First community served | |
| Accounting period ID number | |

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

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

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

0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

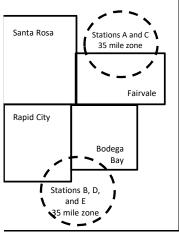
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

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

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

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

ACCOUNTING PERIOD: 2020/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

| DSE SCHEDULE, PAG | E 11. (CONTINUED) | | | | | |
|----------------------|--|--------------------|----------------------------------|----------------------|--------------------------|-----------|
| 4 | LEGAL NAME OF OWNER OF CABI | LE SYSTEM: | | | S | YSTEM ID# |
| I | COXCOM, LLC | | | | | 007323 |
| | SUM OF DSEs OF CATEGO | DV "O" STATIO | NC: | | | I |
| | • Add the DSEs of each statio | | NO. | | | |
| | Enter the sum here and in line | | s schedule. | | 0.00 | |
| | | | | | | 1 |
| 2 | Instructions: | | | | | |
| | In the column headed "Call | Sign": list the ca | III signs of all distant station | ns identified by the | e letter "O" in column 5 | |
| Computation | of space G (page 3). In the column headed "DSE | ": for each inden | endent station, give the DS | SE as "1 0"· for ea | ich network or noncom- | |
| of DSEs for | mercial educational station, gi | | | 72 do 1.0 , 101 do | | |
| Category "O" | 7.5 | | CATEGORY "O" STATIC | NS: DSEs | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE |
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| Add rows as | | | | | | |
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COXCOM. LLC 007323 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Computation Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must **Stations** be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Carried Part Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 5. TYPE 1 CALL 2. NUMBER 3. NUMBER 4 BASIS OF 6. DSE OF HOURS SIGN OF HOURS **CARRIAGE VALUE** CARRIED BY **STATION VALUE** SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: 4 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regular-tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substitute-**Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4 DSF OF DAYS SIGN SIGN OF OF DAYS **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, 0.00 TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 0.00 1. Number of DSEs from part 2 ● **Total Number** of DSEs 2. Number of DSEs from part 3 ● 0.00 0.00 3. Number of DSEs from part 4 ● TOTAL NUMBER OF DSEs 0.00

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

| EGAL NAME OF C | WNER OF CABLE S | SYSTEM: | | | | | S' | YSTEM ID# 007323 | Namo |
|--|--|--|--|---|---|--|-----------------------|---------------------|---|
| nstructions: Bloc | ck A must be comp | oleted. | | | | | | | |
| n block A: If your answer if | "Yes," leave the re | mainder of pa | art 6 and part | 7 of the DSE sched | lule blank and | d complete part | 8, (page 16) of the | е | 6 |
| chedule. If your answer if | "No," complete blo | cks B and C I | pelow | | | | | | |
| BLOCK A: TELEVISION MARKETS | | | | | | | | | |
| • | • | utside of all m | ajor and smal | ler markets as defi | ned under se | ction 76.5 of FC | CC rules and regul | ations in | 3.75 Fee |
| ffect on June 24, Yes—Com | | schedule—D | O NOT COMP | LETE THE REMAI | INDER OF PA | ART 6 AND 7. | | | |
| | lete blocks B and | | | | | | | | |
| | | BI O | CK B: CARE | RIAGE OF PERI | MITTED DS | SFs | | | <u> </u> |
| Column 1: | List the call signs | | | part 2, 3, and 4 of t | | | m was permitted t | o carry | |
| CALL SIGN | under FCC rules | and regulatio e DSE Sched | ns prior to Jur Iule. (Note: Th | ie 25, 1981. For fur ie letter M below re | ther explanat | ion of permitted | d stations, see the | • | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty statio | les and reguled pursuant to on as defined | ations cited be the FCC mains in 76.5(kk) (7 | sis on which you ca clow pertain to thos ket quota rules [76 6.59(d)(1), 76.61(e | e in effect on 6.57, 76.59(b) (1), 76.63(a) | June 24, 1981, 76.61(b)(c), 76, referring to 76. | 6.63(a) referring to |) | |
| | D Grandfathered instructions fo E Carried pursua | l station (76.6 r DSE schedu ant to individu | 5) (see paragule). al waiver of F | , , | stitution of gra | andfathered sta | ations in the | | |
| | • | HF station wi | thin grade-B o | ie or substitute bas contour, [76.59(d)(5 am. | • | | ring to 76.61(e)(5) |] | |
| Column 3: | | stations ider | ntified by the le | parts 2, 3, and 4 o etter "F" in column 2 | | | rksheet on page 1 | 4 of | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | |
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| | | | | | | | | 0.00 | |
| | | Е | LOCK C: CC | MPUTATION OF | F 3.75 FEE | | | | _ |
| ne 1: Enter the | total number of | DSEs from լ | oart 5 of this | schedule | | | 17- | | |
| ne 2: Enter the | sum of permitte | d DSEs from | n block B abo | ve | | | 0 | - | |
| | | | | of DSEs subject 7 of this schedule | | rate. | | 0.00 | |
| ne 4: Enter gro | ss receipts from | space K (pa | ige 7) | | | | | | Do any of the |
| | | | | | | | x 0.03 | 375 | DSEs represe partially permited/ |
| ne 5: Multiply l | ine 4 by 0.0375 a | and enter su | m here | | | | х | | partially nonpermitted |
| ne 6: Enter tota | al number of DSE | Es from line | 3 | | | | | - | carriage? If yes, see pare 9 instructions |
| ne 7: Multinly li | ine 6 by line 5 an | ıd enter here | and on line | 2, block 3, space | l (page 7) | | | 0.00 | |

| Name | YSTEM ID# 007323 | | | | | | | | | | | |
|----------------------|---------------------|-----------------------|-----------------|---------|-----------------------|-----------------|--------|-----------------------|-----------------|--|--|--|
| | | | UED) | (CONTIN | SION 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 | | | |
| Computation 3.75 Fee | | | | | | | | | | | | |
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ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COXCOM, LLC 007323 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

| LEGAL NA | AME OF OWNER OF CABLE SYSTEM: COXCOM, LLC | SYSTEM ID# 007323 | Name |
|---------------|--|-------------------|---------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 8,587,956.83 | 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? X 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? \(\text{\bar{X}} \) No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSI | E | |
| | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | | |
| | line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | _ | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| Section | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| 3b | A. Enter 0.00599 of gross receipts (the amount in section 1). | | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | | |
| | C. Multiply line B by 3.000 and enter here | _ | |
| | | | |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) | | |
| | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | | |
| | F. Multiply line D by line E and enter here | | |
| | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| | SECTION 4: SECOND 50 TELEVISION MARKET | | |
| Section | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below. | | |
| 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 DSI 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) | E | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) | | |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | _ | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |

| Name | LEGAL NAM | ME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|--|--|--|
| | (| COXCOM, LLC | 007323 | | | | | | | |
| 7 | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. | | | | | | | | |
| Computation | | A. Enter 0.00300 of gross receipts (the amount in section 1) | | | | | | | | |
| of the Syndicated Exclusivity | | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | | | | | | | | |
| Surcharge | | C. Multiply line B by 3.000 and enter here | | | | | | | | |
| | | D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$ | | | | | | | | |
| | | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. | | | | | | | | |
| | | F. Multiply line D by line E and enter here | | | | | | | | |
| | | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) | | | | | | | | |
| | | Syndicated Exclusivity Surcharge. | <u></u> | | | | | | | |
| | Instru | ctions: | | | | | | | | |
| 8 | | ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5. | art | | | | | | | |
| | | ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. | | | | | | | | |
| Computation of | _ | ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be | low | | | | | | | |
| Base Rate Fee | • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. | | | | | | | | | |
| | | is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers | | | | | | | | |
| | were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions. | | | | | | | | | |
| | service area, see page (v) or the general instructions. | | | | | | | | | |
| | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | | | | | | | | | |
| | • Did y | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? | | | | | | | | |
| | Yes—Complete part 9 of this schedule. X No—Complete the 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) ▶ \$ 8,587,956 | .83_ | | | | | | | |
| | 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.) 【 Continue to the total number of DSEs from part 5.) | 0.00 | | | | | | | |
| | Section | | | | | | | | | |
| | 3 | If the figure in section 2 is 4.000 or less , 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)▶ \$ 60,201.58 | | | | | | | | |
| | | 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. | _ | | | | | | | |
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DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/1

| LECAL N | AME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | |
|-----------------|--|---------------------------------------|
| | AME OF OWNER OF CABLE SYSTEM: COM, LLC 007323 | Name |
| OOX | 077020 | |
| Section 4 | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | _ |
| 4 | A. Enter 0.01064 of gross receipts | 8 |
| | (the amount in section 1) ▶ \$ | |
| | B. Enter 0.00701 of gross receipts | Computation |
| | (the amount in section 1) \$ | Computation of |
| | C. Multiply line B by 3.000 and enter here ▶ | Base Rate Fee |
| | | |
| | D. Enter 0.00330 of gross receipts (the amount in section 1) **State of the image | |
| | | |
| | 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 | |
| IMPOR | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals | |
| shall in | stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- | 9 |
| - | Space G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude | J |
| | s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of | Computation of |
| this ex | clusion, you must: | Base Rate Fee |
| | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same | and Syndicated |
| | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o Ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. | Exclusivity |
| | : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | Surcharge for |
| must a | If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable 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 |
| · . | For each community served, determine the local service area of each wholly distant and each partially distant station you | Stations |
| Step 2 | to that community. For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by | |
| | ne token, the station is distant to the subscriber.) | |
| subscri | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide. | |
| _ | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's ber groups. | |
| In each | section: | |
| • Give | fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group. | |
| • If: | | |
| , - | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, if this schedule; or, | |
| , . | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule. | |
| • | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group. | |
| | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form. | |
| page. DSEs f | tute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show stual calculations on the form. | |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | STEM ID |
|---------|--|---------|
| -141116 | COXCOM, LLC | 00732 |
| | 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. | |
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| COXCOM, LLC | R OF CABLE | E SYSTEM: | | | | S | YSTEM ID# 007323 | Name |
|--------------------------|-------------|-------------------------|---------------|--------------------------|-----------------------------|------------------|---------------------|---------------------------|
| В | LOCK A: | COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCRI | BER GROUP | | |
| | FIRST | SUBSCRIBER GROUI | | | SECOND | SUBSCRIBER GROUI | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | CALL SIGN DSE | | CALL SIGN DSE CALL SIGN DSE | | | |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated Exclusivity |
| | | | | | | | | Surcharge |
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| | | | | | <u> </u> | | | Distant |
| | | | | | | | | Stations |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gro | oup | \$ | 0.00 | Gross Receipts Second | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GROU |) | | FOURTH | SUBSCRIBER GROU | Р | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Base Rate Fee: Add the | e base rate | e fees for each subscri | ber group a | as shown in the boxes ab | ove. | | | |
| Enter here and in block | | | 5 1 - | | | \$ | 0.00 | |

Nonpermitted 3.75 Stations

| LEGAL NAME OF OWN COXCOM, LLC | ER OF CABL | E SYSTEM: | • | | | S | YSTEM ID# 007323 | Name | |
|----------------------------------|------------|----------------|-------------|--------------------------|-------------------|------------------|---------------------|---------------------------|--|
| | BLOCK A: | COMPUTATION O | F BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | | |
| | FIRST | SUBSCRIBER GRO | | | SECOND | SUBSCRIBER GROUI | | 9 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of | |
| | | | | | | | | Base Rate F | |
| | | | | | | | | and | |
| | | | | | | | | Syndicated Exclusivity | |
| | | <u> </u> | | | | | | Surcharge | |
| | | - | | | | | | for | |
| | | | | | | | | Partially | |
| | | | | | | | | Distant | |
| | | | | | | | | Stations | |
| | | | | | | | | | |
| | | | | | | - | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | | |
| | THIRD | SUBSCRIBER GRO | JP | | FOURTH | SUBSCRIBER GROUI | Р | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | + | | | | | | | |
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| | | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | | |
| | | | riber group | as shown in the boxes al | bove. | | | | |
| inter here and in bloc | | | | | | \$ | 0.00 | | |

ACCOUNTING PERIOD: 2020/1

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| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | |
|--|---|--|--|
| Name | COXCOM, LLC 007323 | | |
| | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP | | |
| 9 | 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 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 of | ☐ First 50 major television market | Second 50 major television market | |
| Base Rate Fee | INSTRUCTIONS: | | |
| and Syndicated Exclusivity Surcharge for | Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. | | |
| Partially Distant Stations | | 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. | |
| | FIRST SUBSCRIBER GROUP | SECOND SUBSCRIBER GROUP | |
| | Line 1: Enter the VHF DSEs | Line 1: Enter the VHF DSEs | |
| | Line 2: Enter the Exempt DSEs | Line 2: Enter the Exempt DSEs | |
| | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | |
| | SYNDICATED EXCLUSIVITY SURCHARGE First Group | SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for | |
| | this subscriber group subject to the surcharge computation | this subscriber group subject to the surcharge computation | |
| | SYNDICATED EXCLUSIVITY SURCHARGE Third Group | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group | |
| | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for a in the boxes above. Enter here and in block 4, line 2 of space L (page | each subscriber group as shown | |
| | | | |