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            |  |  |  |  |  |  |
| 2/25/2021                     | \$                |  |  |  |  |  |  |
|                               | 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<br>Period | 2020/2   |                         |                          |                   |  |  |  |  |  |  |
| B<br>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 corporate 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. |                         |                          |                   |  |  |  |  |  |  |
|                      | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |                         |                          |                   |  |  |  |  |  |  |
|                      | COX COMMUNICATIONS KANSAS, LLC   |                         |                          |                   |  |  |  |  |  |  |
|                      |  |                         | 1                        | 00764120202       |  |  |  |  |  |  |
|                      |  |                         |                          | 007641 2020/2     |  |  |  |  |  |  |
|                      | 6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR<br>ATLANTA, GEORIGA 30328  |                         |                          |                   |  |  |  |  |  |  |
| С                    | INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address   | •                       | •                        |                   |  |  |  |  |  |  |
| 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. Identi   | fy only the frst co     | mmunity served below and | relist on page 1b |  |  |  |  |  |  |
| Area<br>Served       | with all communities.  CITY OR TOWN  | STATE                   |                          |                   |  |  |  |  |  |  |
| First                | ТОРЕКА   | KS                      |                          |                   |  |  |  |  |  |  |
| Community            | Below is a sample for reporting communities if you report multiple c   | l<br>hannel line-ups ir | Space 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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |                    |                     | SYSTEM ID# |                        |  |  |  |  |
|--|--------------------|---------------------|------------|------------------------|--|--|--|--|
| COX COMMUNICATIONS KANSAS, LLC   |                    |                     | 007641     |                        |  |  |  |  |
| 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  |                    |                     |            |                        |  |  |  |  |
| <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hobelow the identified city or town   |                    |                     | renthese   |                        |  |  |  |  |
| If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave to   | he column blank    | . If you report any | station    |                        |  |  |  |  |
| on a partially distant or partially permitted basis in the DSE Schedule, associate each in designated by a number (based on your reporting from Part 9)  When reporting the carriage of television broadcast stations on a community-by-communi |                    | •                   | 0 1        |                        |  |  |  |  |
| channel line-up designated by an alpha-letter(s) (based on your Space G reporting) ar<br>(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns  | ıd a subscriber gr |                     |            |                        |  |  |  |  |
| CITY OR TOWN   | STATE              | CH LINE UP          | SUB GRP#   |                        |  |  |  |  |
| ТОРЕКА   | KS                 | AA                  |            | First                  |  |  |  |  |
| AUBURN   | KS                 | AA                  |            | Community              |  |  |  |  |
| JEFFERSON COUNTY   | KS                 | AA                  |            |                        |  |  |  |  |
| LECOMPTON  | KS                 | AB                  |            |                        |  |  |  |  |
| MERIDEN  | KS                 | AA                  |            |                        |  |  |  |  |
| PERRY  | KS                 | AA                  |            | See instructions for   |  |  |  |  |
|  |                    |                     |            | additional information |  |  |  |  |
|  |                    |                     |            | on alphabetization.    |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            | Add source or seconds. |  |  |  |  |
|  |                    |                     |            | Add rows as necessary. |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  | •                  |                     |            |                        |  |  |  |  |
|  | •                  |                     |            |                        |  |  |  |  |
|  | •                  |                     |            |                        |  |  |  |  |
|  | •                  |                     |            |                        |  |  |  |  |
|  | •                  |                     |            |                        |  |  |  |  |
|  | •                  |                     |            |                        |  |  |  |  |
|  | •                  |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  | •                  |                     |            |                        |  |  |  |  |
|  | •                  |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  | •                  |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |
|  |                    |                     |            |                        |  |  |  |  |

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 007641

### COX COMMUNICATIONS KANSAS, LLC

Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BLO  | OCK 1       | BLOCK 2     |                     |             |      |
|--|-------------|-------------|---------------------|-------------|------|
|  | NO. OF      |             |                     | NO. OF      |      |
| CATEGORY OF SERVICE                              | SUBSCRIBERS | RATE        | CATEGORY OF SERVICE | SUBSCRIBERS | RATE |
| Residential:                                     |             |             |                     |             |      |
| <ul> <li>Service to first set</li> </ul>         | 21,250      | \$0-\$25.00 |                     |             |      |
| <ul> <li>Service to additional set(s)</li> </ul> | 8           | No Cost     |                     |             |      |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |             |             |                     |             |      |
| Motel, hotel                                     | 25          | \$0-\$25.00 |                     |             |      |
| Commercial                                       | 827         | \$0-\$25.00 |                     |             |      |
| Converter  |             |             |                     |             |      |
| <ul> <li>Residential</li> </ul>                  | 49,129      | \$ 3.99     |                     |             |      |
| Non-residential                                  | 5,691       | \$ 3.99     |                     |             |      |
|  |             | <b>†</b>    |                     |             |      |

F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

|   | BLOCK 2     |   |             |                     |      |
|---|-------------|---|-------------|---------------------|------|
| CATEGORY OF SERVICE                             | RATE        | CATEGORY OF SERVICE                         | RATE        | CATEGORY OF SERVICE | RATE |
| Continuing Services:                            |             | Installation: Non-residential               |             |                     |      |
| • Pay cable                                     | \$ 15.99    | Motel, hotel                                |             |                     |      |
| <ul> <li>Pay cable—add'l channel</li> </ul>     | 10.00-32.00 | Commercial                                  |             |                     |      |
| <ul> <li>Fire protection</li> </ul>             |             | • Pay cable                                 |             |                     |      |
| <ul><li>Burglar protection</li></ul>            |             | <ul> <li>Pay cable-add'l channel</li> </ul> |             |                     |      |
| Installation: Residential                       |             | Fire protection                             |             |                     |      |
| <ul> <li>First set</li> </ul>                   | 20-100.00   | Burglar protection                          |             |                     |      |
| <ul> <li>Additional set(s)</li> </ul>           | \$ 25.00    | Other services:                             |             |                     |      |
| <ul> <li>FM radio (if separate rate)</li> </ul> |             | 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 007641 COX COMMUNICATIONS KANSAS, 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 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 WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the 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. CHANNEL LINE-UP AA 5. BASIS OF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 6. LOCATION OF STATION CARRIAGE SIGN **CHANNEL** OF (Yes or No) NUMBER STATION (If Distant) KCPT-1 19.1 Ε No KANSAS CITY, MO KSNG-2 11.2 I-M Yes 0 **GARDEN CITY, KS** See instructions for additional information 27.1 Ν KSNT-1 No TOPEKA, KS on alphabetization. KSNT-4 27.4 I-M No TOPEKA, KS KSQA-1 12.1 ı No TOPEKA, KS 49.1 Ν KTKA-1 No TOPEKA, KS KTKA-2 TOPEKA, KS 49.2 I-M No KTKA-3 49.3 I-M No TOPEKA, KS TOPEKA, KS KTMJ-2 43.2 I-M No KTMJ-3 43.3 I-M No TOPEKA, KS KTMJ-CD 43.1 I No TOPEKA, KS KTWU-1 11.1 No TOPEKA, KS Ε KTWU-2 11.2 E-M No TOPEKA, KS KTWU-3 11.3 E-M No TOPEKA, KS WIBW-1 13.1 Ν No TOPEKA, KS WIBW-2 13.2 I-M No TOPEKA, KS WIBW-3 13.3 I-M No TOPEKA, KS WIBW-4 13.4 I-M No TOPEKA, KS

| LEGAL NAME OF OWN   | ER OF CABLE SY  | STEM:   |   |  | SYSTEM ID   |  |  |  |
|---|---|---|---|--|---|--|--|--|
| COX COMMUN  | ICATIONS P  | KANSAS, L   | .LC   |  | 007641  | Name   |  |  |
| PRIMARY TRANSMITTERS: TELEVISION  |   |   |   |  |   |  |  |  |
| 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 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 specific 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. Identificant 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 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 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 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 identified |   |   |   |  |   |  |  |  |
|   |   | CHANN   | EL LINE-UP  | AA (2)   |   |  |  |  |
| CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |  |  |  |
|   |   |   |   |  |   |  |  |  |
|   | COX COMMUN RIMARY TRANSMITTI General: In space of cried by your cable is CC rules and regulated in Space (1) (2) and (4), 76 (4) (5) (4) (5) (5) (6) (2) and (4), 76 (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | COX COMMUNICATIONS PRIMARY TRANSMITTERS: TELEVISION General: In space G, identify ever irried by your cable system during a CC rules and regulations in effect of 5.59(d)(2) and (4), 76.61(e)(2) and abstitute program basis, as explained Substitute Basis Stations: With usis under specific FCC rules, regul 20 not list the station here in space station was carried only on a substitute station here, and also in spous is the station here, and also in spous in the paper SA3 form.  Column 1: List each station's call in the paper SA3 form.  Column 2: Give the channel num community of license. For example which your cable system carried to column 3: Indicate in each case for independent multicast), "E" (for roor the meaning of these terms, see Column 4: If the station is outside anation of local service area, see particular the distant station on a part-tife for the retransmission of a distant a written agreement entered into contact the column 6: Give the location of each case in "E" (exempt). For simulcasts, also planation of these three categories Column 6: Give the location of each case in "E" (exempt). For simulcasts, also planation of these three categories Column 6: Give the location of each case and a primary transfer (exempt). For simulcasts, also planation of these three categories Column 6: Give the location of each case and a primary transfer (exempt). For simulcasts, also planation of these three categories Column 6: Give the location of each case and a primary transfer (exempt). For simulcasts, also planation of these three categories Column 6: Give the location of each case and a primary transfer (exempt). For simulcasts, also planation of these three categories Column 6: Give the location of each case and a primary transfer (exempt). For simulcasts, also planation of these three categories Column 6: Give the location of each case and a primary transfer (exempt). For simulcast, also planation of these three categories Column 6: Give the location of each case and a primary transfer the distant station on a | General: In space G, identify every television surried by your cable system during the accounting CC rules and regulations in effect on June 24, 18, 159(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (botilute program basis, as explained in the next Substitute Basis Stations: With respect to an issis under specific FCC rules, regulations, or aution on the station here in space G—but do list station was carried only on a substitute basis sist the station here, and also in space I, if the st basis. For further information concerning substition the paper SA3 form.  Column 1: List each station's call sign. Do not not multicast stream associated with a station act st stream as "WETA-2". Simulcast streams muse ETA-simulcast).  Column 2: Give the channel number the FCC I which your cable system carried the station Column 3: Indicate in each case whether the subject of the meaning of these terms, see page (v) of the Column 4: If the station is outside the local servantation of local service area, see page (v) of the Column 5: If you have entered "Yes" in column the system carried the distant station during the crited the distant station on a part-time basis become and the system carried the distant multicast strawitten agreement entered into on or before Jeca cable system and a primary transmitter or an amount of these three categories, see page (v) Column 6: Give the location of each station. For memory of these three categories, see page (v) Column 6: Give the location of each station. For Column 6: Give the location of each station. For Column 6: Give the location of each station. For Column 6: Give the location of each station. For Column 6: Give the location of each station. For Column 6: Give the location of each station. For Column 6: Give the location of each station. For Column 6: Give the location of each station. For Column 6: Give the location of each station. For Column 6: Give the location of each station. For Column 6: Give the location of each station. For Column 6: Give the location of each station. For | COX COMMUNICATIONS KANSAS, LLC  RIMARY TRANSMITTERS: TELEVISION  General: In space G, identify every television station (including pride by your cable system during the accounting period except Crules and regulations in effect on June 24, 1981, permitting to 1.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.6 betitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant station is under specific FCC rules, regulations, or authorizations: 20 not list the station here in space G—but do list it in space I (the station was carried only on a substitute basis is station was carried only on a substitute basis. For further information concerning substitute basis station in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination the multicast stream associated with a station according to its over the station as "WETA-2". Simulcast streams must be reported in ETA-simulcast).  Column 2: Give the channel number the FCC has assigned to community of license. For example, WRC is Channel 4 in Wasler with your cable system carried the station  Column 3: Indicate in each case whether the station is a network or independent multicast), "E" (for noncommercial educational), which your cable system carried the letter "N" (for network), "N-M" or the meaning of these terms, see page (v) of the general instruction of local service area, see page (v) of the general instruction of local service area, see page (v) of the general instruction of local service area, see page (v) of the general instruction of local service area, see page (v) of the general instruction of local service area, see page (v) of the general instruction of local service area, see page (v) of the general instruction of local service area, see page (v) of the general instruction of local service area, see page (v) of the general instruction of local service area, see page (v) of the general instruction of local service area, see page (v) of the general instruction of l | RIMARY TRANSMITTERS: TELEVISION  General: In space G, identify every television station (including translator station rired by your cable system during the accounting period except (1) stations carried concluding the carriage of cer is 59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; bestitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your obstitute basis Stations: With respect to any distant stations carried by your obstitute basis Station here in space G—but do list it in space I (the Special Statem station was carried only on a substitute basis. For further information concerning substitute basis stations, see page (v) of in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program service in multicast stream associated with a station according to its over-the-air designast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each station) in the paper SA3 form.  Column 2: Give the channel number the FCC has assigned to the television station which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an indicactional station, by entering the letter "N" (for network), "N-M" (for network multion or the meaning of these terms, see page (v) of the general instructions located in the Column 4: If the station is outside the local service area, (i.e. "distant"), enter "You and to local service area, see page (v) of the general instructions located in the Column 5: If you have entered "Yes" in column 4, you must complete column 5, ble system carried the distant station during the accounting period. Indicate by erroried the distant station on a part-time basis because of lack of activated channel for the retransmission of a distant multicast stream that is not subject to a royalt a written agreement entered into on or before June 30, 2009, between a cable system carried the clastion | COX COMMUNICATIONS KANSAS, LLC  IMARY TRANSMITTERS: TELEVISION  General: In space G, identify every television station (including translator stations and low power television stations) mided by your cable system during the accounting period except (f) stations carried only on a part-lime basis under Cz rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections :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 bestitute program basis, as explained in the next paragraph Substitute Passis Stations: With respect to any distant stations carried by your cable system on a substitute program issue under specific FCC rules, regulations, or authorizations.  No 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 is the station here, and also in space I, if the station was carried both on a substitute basis is the station here, and also in space I, if the station was carried both on a substitute basis is the station here, and also in space I, if the station program services such as HBO, ESPN, etc. Identify chemical stream associated with a station according to its over-the-air designation. For example, report multi st stream a svib TLA-2: Simplicast streams must be reported in column 1 (list each stream separately; for example ETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air is community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ucuational station, by entering the letter N* (for network). "N-M* (for network multicast). "* (for independent), "1-M* or independent multicast). To for network or independen |  |  |

**ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007641 COX COMMUNICATIONS KANSAS, 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 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 ir 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.

|                 |                                | AB                       |                            |   |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| KCPT-1          | 19.1                           | Е                        | No                         |   | KANSAS CITY, MO        |
| KCPT-4          | 19.4                           | E-M                      | No                         |   | KANSAS CITY, MO        |
| KCTV-1          | 5.1                            | N                        | No                         |   | KANSAS CITY, MO        |
| KCWE-1          | 29.1                           | I                        | No                         |   | KANSAS CITY, MO        |
| KCWE-2          | 29.2                           | I-M                      | No                         |   | KANSAS CITY, MO        |
| KMBC-1          | 9.1                            | N                        | No                         |   | KANSAS CITY, MO        |
| KMBC-2          | 9.2                            | I-M                      | No                         |   | KANSAS CITY, MO        |
| KMCI-1          | 38.1                           | I                        | No                         |   | LAWRENCE, KS           |
| KMCI-2          | 38.2                           | I-M                      | No                         |   | LAWRENCE, KS           |
| KPXE-1          | 50.1                           | I                        | No                         |   | KANSAS CITY, MO        |
| KSHB-1          | 41.1                           | N                        | No                         |   | KANSAS CITY, MO        |
| KSHB-2          | 41.2                           | I-M                      | No                         |   | KANSAS CITY, MO        |
| KSMO-1          | 62.1                           | I                        | No                         |   | KANSAS CITY, MO        |
| KTWU-1          | 11.1                           | Е                        | No                         |   | TOPEKA, KS             |
| KTWU-2          | 11.2                           | E-M                      | No                         |   | TOPEKA, KS             |
| KTWU-3          | 11.3                           | E-M                      | No                         |   | TOPEKA, KS             |
| WDAF-1          | 4.1                            | I                        | No                         |   | KANSAS CITY, MO        |
| WDAF-2          | 4.2                            | I-M                      | No                         |   | KANSAS CITY, MO        |

| FORM SA3E. PAGE 3.  |  |   |  |  |   |   |  |  |
|---|--|---|--|--|---|---|--|--|
|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   |   |  |  | SYSTEM ID#  | Name  |  |  |
| COX COMMUN  | ICATIONS P   | KANSAS, L   | LC   |  | 007641  |   |  |  |
| PRIMARY TRANSMITT   | ERS: TELEVISION  | ON  |  |  |   |   |  |  |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program ba<br>Substitute Basis S  | system during to<br>cions in effect of<br>5.61(e)(2) and of<br>sis, as explaine<br>stations: With  | the accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to any        | g period except<br>181, permitting the<br>referring to 76.6<br>paragraph<br>y distant stations         | (1) stations carrie<br>he carriage of cer<br>61(e)(2) and (4))];   | s and low power television stations) d only on a part-time basis under tain network programs [sections and (2) certain stations carried on a                                  | G<br>Primary<br>Transmitters:<br>Television |  |  |
| <ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>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</li> <li>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.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify</li> </ul>   |  |   |  |  |   |   |  |  |
| each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable so Column 3: Indicate  | associated with A-2". Simulcast e channel number. For examply stem carried to the in each case with the in each case with a sin each ca | h a station ac<br>streams mus<br>ber the FCC h<br>e, WRC is Ch<br>he station<br>whether the s | coording to its over<br>the reported in<br>the assigned to<br>the annel 4 in Wash<br>tation is a netwo | ver-the-air designar<br>column 1 (list each<br>the television stath<br>nington, D.C. This<br>ork station, an index | ation. For example, report multi th stream separately; for example tion for broadcasting over-the-air ir may be different from the channe ependent station, or a noncommercia |   |  |  |
| 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 ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designal 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 |  |   |  |  |   |   |  |  |
| Note: If you are utilizing  | ng multiple cha  |   | use a separate   | •  | n channel line-up.  |   |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |   |  |  |
| WDAF-3  | 4.3  | I-M   | No   |  | KANSAS CITY, MO   |   |  |  |
|   |  |   |  |  |   |   |  |  |
|   |  |   |  |  |   |   |  |  |

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COX COMMUNICATIONS KANSAS, LLC 007641 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

| FURINI SAJE. PAGE 5.  |                       |                           |   |                     |                             | ACCOUNTING       | PERIOD: 2020/2           |
|---|-----------------------|---------------------------|---|---------------------|-----------------------------|------------------|--------------------------|
| LEGAL NAME OF OWNER OF COX COMMUNICATIO                         |                       |                           |   |                     | S                           | 007641           | Name                     |
| SUBSTITUTE CARRIAGI   | _                     | -                         |   |                     | on that your cable eyetem   | carried on a     | 1                        |
| substitute basis during the a explanation of the programm form. | ccounting p           | eriod, under sp           | ecific present and former F0                                | CC rules, regu      | lations, or authorizations. | For a further    | I<br>Substitute          |
| 1. SPECIAL STATEMEN   | CONCER                | RNING SUBS                | TITUTE CARRIAGE   |                     |                             |                  | Carriage:                |
| During the accounting per                                       | _                     |                           |   | sis, any nonn       | etwork television prograr   | n                | Special<br>Statement and |
| broadcast by a distant sta                                      | tion?                 |                           |   |                     | Yes                         | X No             | Program Log              |
| Note: If your answer is "No                                     | ", leave the          | rest of this pa           | ge blank. If your answer is                                 | "Yes," you m        | nust complete the progra    | m                |                          |
| log in block 2.   | - DDOCD4              | MC                        |   |                     |                             |                  |                          |
| 2. LOG OF SUBSTITUTE In General: List each subs                 | titute progra         | am on a separa            |   | wherever po         | ssible, if their meaning is | 3                |                          |
| clear. If you need more spa                                     |                       |                           | nai pages.<br>⁄ision program (substitute⊣                   | orogram) that       | t. during the accounting    |                  |                          |
| period, was broadcast by a                                      | distant sta           | tion and that y           | our cable system substitute                                 | ed for the pro      | gramming of another sta     |                  |                          |
| under certain FCC rules, re<br>SA3 form for futher informa      |                       |                           |   |                     |                             |                  |                          |
| titles, for example, "I Love I                                  | _ucy" or "NI          | BA Basketball:            | 76ers vs. Bulls."   |                     |                             |                  |                          |
|   |                       |                           | er "Yes." Otherwise enter "<br>asting the substitute progra |                     |                             |                  |                          |
| Column 4: Give the broa   | adcast station        | on's location (t          | he community to which the                                   | station is lic      |                             |                  |                          |
| the case of Mexican or Car                                      |                       |                           | community with which the<br>stem carried the substitute     |                     |                             | nth              |                          |
| first. Example: for May 7 gi                                    |                       | Wildir your oy            | stern earned the substitute                                 | program. 00         | o namoralo, with the mor    | iui              |                          |
| <b>Column 6:</b> State the time to the nearest five minutes.    |                       |                           | ogram was carried by your                                   |                     |                             | ely              |                          |
| stated as "6:00–6:30 p.m."                                      | LAAIIIPIE.            | a program can             | led by a system nom o.o.                                    | . 13 p.111. to 0.   | 20.50 p.m. snould be        |                  |                          |
|   |                       |                           | n was substituted for progr                                 |                     |                             | d                |                          |
| to delete under FCC rules a gram was substituted for pr         |                       |                           |   |                     |                             |                  |                          |
| effect on October 19, 1976                                      |                       | , , ,                     | •   |                     | <b>o</b>                    |                  |                          |
|   |                       |                           |   | WHE                 | EN SUBSTITUTE               |                  |                          |
| S   | UBSTITUT              | E PROGRAM                 | 1   |                     | IAGE OCCURRED               | 7. REASON<br>FOR |                          |
| 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                                       | 5. MONTH<br>AND DAY | 6. TIMES<br>FROM — TO       | DELETION         |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     | _                           |                  |                          |
|   |                       |                           |   |                     | _                           |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   | <b></b>               |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     | _                           |                  |                          |
|   |                       |                           |   |                     | _                           |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   | <b></b>               |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |
|   |                       |                           |   |                     | _                           |                  |                          |
|   |                       |                           |   |                     |                             |                  |                          |

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COX COMMUNICATIONS KANSAS, LLC 007641 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 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

|  | IL NAME OF OWNER OF CABLE SYSTEM:  X COMMUNICATIONS KANSAS, LLC   |                | SYSTEM ID#<br>007641                       | Name  |  |  |  |  |
|--|---|----------------|--|---|--|--|--|--|
| Inst<br>all a<br>(as i   | DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to cone (vii) of the general instructions.   | dary transmis  | ssion service                              | K<br>Gross Receipts   |  |  |  |  |
| IMP  | Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.  | \$<br>(Amor    | <b>5,955,308.37</b> unt of gross receipts) |   |  |  |  |  |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  • Complete block 1, showing your minimum fee.  • Complete block 2, showing whether your system carried any distant television stations.  • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. |   |                |  |   |  |  |  |  |
|  | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $\varepsilon$ k 3 below.  | entered on lir | ne 1 of                                    |   |  |  |  |  |
| ▶ If pa<br>3 be  | rt 6 of the DSE schedule was completed, the amount from line 7 of block $\sf C$ should be entrow.   | tered on line  | 2 in block                                 |   |  |  |  |  |
|  | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.  | d be entered   | on line                                    |   |  |  |  |  |
|  | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is 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  | \$             | 5,955,308.37                               |   |  |  |  |  |
|  | Enter the result here. This is your minimum fee.  | \$             | 63,364.48                                  |   |  |  |  |  |
| Block<br>2   | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and continued to the property of the stations of the property of the | 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  | \$             | 63,364.48                                  |   |  |  |  |  |
| 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  | \$             | 63,364.48                                  |   |  |  |  |  |
| Block<br>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   | \$             | 63,364.48                                  | Cable systems   |  |  |  |  |
|  | Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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<br>additional                                    |  |  |  |  |
|  | zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)   |                | 0.00                                       | deposits under<br>Section 111(d)(7)<br>should contact       |  |  |  |  |
|  | Line 4. FILING FEE  | \$             | 725.00                                     | the Licensing additional fees. Division for the appropriate |  |  |  |  |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here  | \$             | 64,089.48                                  | form for submitting the additional fees.                    |  |  |  |  |
|  | EFT Trace # or TRANSACTION ID #   |                |  |   |  |  |  |  |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form and the Excel instructions tab  |                |  |   |  |  |  |  |

| Name                                       | LEGAL NAME OF OWNER OF COX COMMUNICAT   |              |                         |                                       |                       |   |  | TEM ID#<br>007641 |  |  |
|--|---|--------------|-------------------------|---------------------------------------|-----------------------|---|--|-------------------|--|--|
| M<br>Channels                              |   |              | * *                     |                                       |                       | carried television broadcasing the accounting period.   | st stations  |                   |  |  |
|  | Enter the total numb     system carried televis   |              |                         |                                       |                       |   | 19   |                   |  |  |
|  | Enter the total numb<br>on which the cable sy<br>and nonbroadcast se  | system c     | arried television bi    |                                       |                       |   | 624  |                   |  |  |
| N<br>Individual to                         | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) |              |                         |                                       |                       |   |  |                   |  |  |
| Be Contacted<br>for Further<br>Information | Name Kristin Von Schuch Telephone (404) 269-0827  |              |                         |                                       |                       |   |  |                   |  |  |
|  | •   | et, rural ro | oute, apartment, or sui | ite number)                           | 21 FLOOR              |   |  |                   |  |  |
|  | (City, town, sta  | ate, zip)    | ORIGA 30328             |                                       |                       |   |  | •••               |  |  |
|  | Email   | kristin.     | .vonschuch@c            | cox.com                               |                       | Fax (optional) N/A  |  |                   |  |  |
| 0  |   |              |                         |                                       | -                     | ce with Copyright Office re   | gulations.)  |                   |  |  |
| Certifcation                               | I, the undersigned, her  (Owner other than of   |              |                         |                                       |                       | as identifed in line 1 of spac  | e B; or  |                   |  |  |
|  |   |              |                         | artnership) I am the                  |                       | gent of the owner of the cab  | le system as identified                                |                   |  |  |
|  | (Officer or partner) in line 1 of space   |              | n officer (if a corpora | ation) or a partner (i                | f a partnership) of t | the legal entity identifed as o   | owner of the cable system                              |                   |  |  |
|  | I have examined the st<br>are true, complete, and<br>[18 U.S.C., Section 100]   | correct t    | to the best of my kr    |                                       |                       | all statements of fact contai<br>are made in good faith.  | ned herein   |                   |  |  |
|  |   | X            | /s/ Sanford Me          | encher                                |                       |   |  |                   |  |  |
|  | (   | (e.g., /s/   | John Smith). Before     | e entering the first for              | rward slash of the /s | rre to certify this statement.<br>s/ signature, place your curso<br>oid enabling Excel's Lotus co | or in the box and press the "F2" mpatibility settings. | ,                 |  |  |
|  | 7   | Typed c      | or printed name:        | Sanford Menc                          | her                   |   |  |                   |  |  |
|  | 1   | Title:       |                         | e and Account ion held in corporation |                       |   |  |                   |  |  |
|  | ι   | Date:        | February 24, 202        | 1                                     |                       |   |  |                   |  |  |

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 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 Office'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 t 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 lay

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   | Nome  |
|---|--|---|
| COX COMMUNICATIONS KANSAS, LLC  | 007641   | 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 a lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system f service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to service information on when to exclude these amounts, see the note on page (vii) of the general instrupaper SA3 form. | for the basic<br>not include sub-<br>section 119." | Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?  X NO  | transmissions                                      |   |
| YES. Enter the total here and list the satellite carrier(s) below   |  |   |
| Name Mailing Address Mailing Address  |  |   |
| INTEREST ASSESSMENTS  |  |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for  |  | Q   |
| Line 1 Enter the amount of late payment or underpayment   |  | Interest<br>Assessment  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   | -<br>days  |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  | -<br>x 0.00274                                     |   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)   | <u>-</u>   |   |
| _ <del></del>   | (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 as contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.  | sistance please                                    |   |
| ** 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 please list below the owner, address, first community served, accounting period, and ID number as given 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 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 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.

# 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

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<br>35 mile zone<br>Fairvale |
|-------------|--|
| <b>∖</b> ai | Bodega<br>Bay<br>ns B, D,<br>Id E<br>le zone |

|   | <b>Distant Stations Carri</b> | ed    | Identification | of Subscriber Groups   | _                |
|---|-------------------------------|-------|----------------|------------------------|------------------|
|   | STATION                       | DSE   | CITY           | OUTSIDE LOCAL          | GROSS RECEIPTS   |
| ı | A (independent)               | 1.0   |                | SERVICE AREA OF        | FROM SUBSCRIBERS |
|   | B (independent)               | 1.0   | Santa Rosa     | Stations A, B, C, D ,E | \$310,000.00     |
|   | C (part-time)                 | 0.083 | Rapid City     | Stations A and C       | 100,000.00       |
|   | D (part-time)                 | 0.139 | Bodega Bay     | Stations A and C       | 70,000.00        |
|   | E (network)                   | 0.25  | Fairvale       | Stations B, D, and E   | 120,000.00       |
|   | TOTAL DSEs                    | 2 472 |                | TOTAL GROSS RECEIPTS   | \$600,000,00     |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

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

Total Base Rate Fee: \$6.497.20 + \$1.907.71 + \$1.604.03 = \$10.008.94

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

| JSE SCHEDULE. PAG              | LEGAL NAME OF OWNER OF CABLE   | CVCTEM:            |                                  |                  | 9/                        | STEM ID# |  |  |  |  |  |  |  |
|--------------------------------|--|--------------------|----------------------------------|------------------|---------------------------|----------|--|--|--|--|--|--|--|
| 1                              | COX COMMUNICATIONS KANSAS, LLC 007641  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           | 00/041   |  |  |  |  |  |  |  |
|                                | SUM OF DSEs OF CATEGOR   |                    | IS:                              |                  |                           |          |  |  |  |  |  |  |  |
|                                | Add the DSEs of each station.  |                    | and a ded a                      |                  | 4 00                      |          |  |  |  |  |  |  |  |
|                                | Enter the sum here and in line   | 1.00               |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                | Instructions:  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
| 2                              | In the column headed "Call S   | ign": list the cal | ll signs of all distant stations | identified by th | ne letter "O" in column 5 |          |  |  |  |  |  |  |  |
|                                | of space G (page 3).   |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
| Computation                    | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
| of DSEs for                    | mercial educational station, give  | e the DSE as ".2   |                                  | C. DCE-          |                           |          |  |  |  |  |  |  |  |
| Category "O"                   | CALL SIGN  | Dec                | CALL SIGN                        |                  | CALL CICAL                | Dec      |  |  |  |  |  |  |  |
| Stations                       | CALL SIGN  | DSE                | CALL SIGN                        | DSE              | CALL SIGN                 | DSE      |  |  |  |  |  |  |  |
|                                | KSNG-2   | 1.000              |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
| Add rows as                    |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
| necessary.<br>Remember to copy |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
| all formula into new           |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
| rows.                          |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
| TOWS.                          |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                |  |                    |                                  |                  |                           |          |  |  |  |  |  |  |  |
|                                | L  |                    |                                  |                  | ]                         |          |  |  |  |  |  |  |  |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COX COMMUNICATIONS KANSAS, LLC 007641 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 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. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Computation 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 of DSEs for 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." Lack of 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 third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Activated Channel SA3 form Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6 DSF SIGN OF HOURS 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 Enter the sum here and in line 2 of part 5 of this schedule, ...... Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions 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 Substitute-Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Basis Stations at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3 NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE OF DAYS OF DAYS SIGN OF SIGN OF **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, ...... 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. Number of DSEs from part 2 ● 1.00 **Total Number** 2. Number of DSEs from part 3 ● 0.00 of DSEs 0.00 3. Number of DSEs from part 4 ● 1.00 TOTAL NUMBER OF DSEs

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

|  | NICATIONS KA   |   | С  |   |   |  | S'   | YSTEM ID#<br>007641 | Name                                |
|--|--|---|--|---|---|--|--|---------------------|-------------------------------------|
| In block A:                                    | ck A must be comp  |   | art 6 and part   | 7 of the DSE sched  | dule blank and  | d complete par   | t 8, (page 16) of th                         | ie                  | 6                                   |
|  | "No," complete blo   |   |  |   |   |  |  |                     |                                     |
|  |  |   |  | TELEVISION M  |   |  |  |                     | Computation of 3.75 Fee             |
| effect on June 24,                             | n located wholly or<br>1981?<br>plete part 8 of the  |   | •  |   |   |  | CC rules and regu                            | lations in          |                                     |
| <u> </u>                                       | plete blocks B and   |   | O NOT COMP   | TETE THE REMA   | INDER OF FA   | AINTO AIND T.  |  |                     |                                     |
|  |  | BLOC  | CK B: CARF   | RIAGE OF PERI   | MITTED DS   | SEs  |  |                     |                                     |
| Column 1:<br>CALL SIGN                         | under FCC rules  | and regulation<br>e DSE Sched   | ns prior to Jur<br>Iule. (Note: Th   | part 2, 3, and 4 of<br>ne 25, 1981. For fu<br>ne letter M below re<br>Act of 2010.) | rther explanat  | tion of permitte   | d stations, see the                          | :                   |                                     |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE | (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous | les and regula<br>ed pursuant to<br>on as defined<br>al educational<br>station (76.6<br>r DSE schedu<br>ant to individu<br>viously carried<br>HF station wi | ations cited be the FCC main 76.5(kk) (7 I station [76.5:5) (see paragule). all waiver of Fid on a part-tim thin grade-B c   | ne or substitute bas<br>contour, [76.59(d)(   | se in effect on<br>3.57, 76.59(b)<br>e)(1), 76.63(a)<br>63(a) referring<br>estitution of gr | June 24, 1981, 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered sta | 6.63(a) referring to .61(e)(1) ations in the |                     |                                     |
| Column 3:                                      | *(Note: For those this schedule to c   | stations ider   | ntified by the leading to the leadin | parts 2, 3, and 4 cetter "F" in column  2. PERMITTED                                | 2, you must c   | omplete the wo   | orksheet on page  2. PERMITTED  BASIS        | 14 of<br>3. DSE     |                                     |
| SIGN<br>KSNG-2                                 | BASIS  | 1.00  | SIGN   | BASIS   |   | SIGN   | BASIS  |                     | _                                   |
|  |  |   |  |   |   |  |  |                     |                                     |
|  |  |   |  |   |   |  |  |                     |                                     |
|  |  |   |  |   |   |  |  |                     |                                     |
| ***************************************        |  |   |  |   |   |  |  |                     |                                     |
|  |  |   |  |   |   |  |  | 1.00                |                                     |
|  |  | В   | LOCK C: CC   | OMPUTATION O  | F 3.75 FEE  |  |  | 1.00                |                                     |
| ine 1: Enter the                               | total number of  | DSEs from p   | part 5 of this   | schedule  |   |  | u <del></del>                                | 1.00                |                                     |
| ine 2: Enter the                               | sum of permitte  | d DSEs from   | n block B abo  | ove   |   |  |  | 1.00                |                                     |
|  | line 2 from line 1<br>eave lines 4–7 bl  |   |  | •   |   | rate.  | ı, <del></del>                               | 0.00                |                                     |
| ine 4: Enter gro                               | ss receipts from   | space K (pa   | ige 7)   |   |   |  | × 0.03                                       | 375                 | Do any of the DSEs represer         |
| ine 5: Multiply I                              | ine 4 by 0.0375 a  | and enter su  | m here   |   |   |  |  |                     | partially<br>permited/<br>partially |
|  |  |   |  |   |   |  | X  |                     | nonpermitted<br>carriage?           |
| ine 6: Enter tota                              | al number of DSE   | s from line   | 3  |   |   |  |  |                     | 9 instructions                      |
| ine 7: Multiply I                              | ine 6 by line 5 an   | d enter here  | and on line  | 2, block 3, space   | e L (page 7)  |  |  | 0.00                |                                     |

|                 | OWNER OF CABLES       |        | .c              |                       |           |                 | S\                    | O07641                                  | Name                    |
|-----------------|-----------------------|--------|-----------------|-----------------------|-----------|-----------------|-----------------------|---|-------------------------|
|                 |                       | BLOCK  | A: TELEVIS      | SION MARKETS          | S (CONTIN | UED)            |                       |   | _                       |
| 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE    | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE                                  | 6                       |
| SIGIN           | BAGIO                 |        | SIGN            | DAGIO                 |           | SIGIV           | BAGIO                 |   | Computation of 3.75 Fee |
|                 |                       |        |                 |                       |           |                 |                       |   | 3.75 Fee                |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       | *************************************** |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 | •                     |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       | *************************************** |                         |
|                 |                       |        |                 |                       |           |                 |                       | *************************************** |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |
|                 |                       |        |                 |                       |           |                 |                       |   |                         |

**ACCOUNTING PERIOD: 2020/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COX COMMUNICATIONS KANSAS, LLC 007641 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.) Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Computating 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 A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)) S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. 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 3. ACCOUNTING 6. PERMITTED 1. CALL 2. PRIOR 4. BASIS OF 5. PRESENT CARRIAGE SIGN DSF **PERIOD** DSF 7 Instructions: Block A must be completed. 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? Yes—Complete blocks B and C . X 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 DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE TOTAL DSEs 0.00 TOTAL DSEs 0.00

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   | Name                      |
|---------------|--|--------------|---------------------------|
|               | COX COMMUNICATIONS KANSAS, LLC   | 007641       |                           |
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |              |                           |
| Section 1     | Enter the amount of gross receipts from space K (page 7)   | 5,955,308.37 | 7                         |
| Section<br>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<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.  | 0.00         | Surcharge                 |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.  |              |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET  |              |                           |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.  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 D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  | SE           |                           |
|               | 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<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.   |              |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)   |              |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)   |              |                           |
|               | C. Multiply line B by 3.000 and enter here   |              |                           |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)   |              |                           |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  |              |                           |
|               | F. Multiply line D by line E and enter here  |              |                           |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |              |                           |
|               | SECTION 4: SECOND 50 TELEVISION MADKET   |              |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET   |              |                           |
| Section<br>4a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.  |              |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D 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) | OSE          |                           |
|               | 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 NA  | ME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#     |  |  |  |  |  |  |  |  |  |
|--------------------------|---|--|----------------|--|--|--|--|--|--|--|--|--|
| Name                     | (   | COX COMMUNICATIONS KANSAS, LLC   | 007641         |  |  |  |  |  |  |  |  |  |
| 7                        | Section<br>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<br>Syndicated     |   | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$   |                |  |  |  |  |  |  |  |  |  |
| Exclusivity<br>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                        | You m   | ictions:  nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if b checked "Yes," use the total number of DSEs from part 5.  cock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. | lock A of part |  |  |  |  |  |  |  |  |  |
| Computation of           | _   | ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.<br>ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave   | block B bolow  |  |  |  |  |  |  |  |  |  |
| Base Rate Fee            | blank   |  | DIOCK B DEIOW  |  |  |  |  |  |  |  |  |  |
|                          |   | is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your su   |                |  |  |  |  |  |  |  |  |  |
|                          |   | ocated within that station's local service area and others were located outside that area. For the definition of a st  | ation's "local |  |  |  |  |  |  |  |  |  |
|                          | SCIVICO   | service area," see page (v) of the general instructions.   |                |  |  |  |  |  |  |  |  |  |
|                          | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS   |  |                |  |  |  |  |  |  |  |  |  |
|                          | 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 FE   | Ξ              |  |  |  |  |  |  |  |  |  |
|                          | Section<br>1  |  | 55,308.37      |  |  |  |  |  |  |  |  |  |
|                          | 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.).  | 1.00           |  |  |  |  |  |  |  |  |  |
|                          | 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 l  | pelow.         |  |  |  |  |  |  |  |  |  |
|                          |   | A. Enter 0.01064 of gross receipts  (the amount in section 1)  | 63,364.48      |  |  |  |  |  |  |  |  |  |
|                          |   | B. Enter 0.00701 of gross receipts  (the amount in section 1)  |                |  |  |  |  |  |  |  |  |  |
|                          |   | 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)   | 62 264 40      |  |  |  |  |  |  |  |  |  |
|                          |   | Base Rate Fee  | 05,304.40      |  |  |  |  |  |  |  |  |  |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/2

| LEGAL MANUE OF OMNIED OF OADLE OVOTEN.  | 0.0000111110                                     |   |
|---|--|---|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  COX COMMUNICATIONS KANSAS, LLC  | SYSTEM ID#<br>007641                             | Name  |
| Section If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.   |  |   |
| A. Enter 0.01064 of gross receipts  (the amount in section 1)   |  | 8   |
| B. Enter 0.00701 of gross receipts (the amount in section 1)   ▶ \$   |  | Computation<br>of<br>Base Rate Fee            |
| C. Multiply line B by 3.000 and enter here  |  | Dase Nate i ee                                |
| D. Enter 0.00330 of gross receipts  (the amount in section 1)   ▶ \$  |  |   |
| E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here  |  |   |
| F. Multiply line D by line E and enter here   \$  |  |   |
| G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7) Base Rate Fee  \$  | 0.00   |   |
| IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported ups in Space G.   | •  | 9   |
| In General: If any of the stations you carried were partially distant, the statute allows you, in computing your be receipts from subscribers located within the station's local service area, from your system's total gross receipts  |  | Computation                                   |
| this exclusion, you must:   | or take davantage of                             | of<br>Base Rate Fee                           |
| First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that a station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your states. | Determine the number or rate fee for each group. | and Syndicated Exclusivity Surcharge for      |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both However, if your cable system is wholly located outside all major television markets, complete block A only.   |  | Partially Distant Stations, and for Partially |
| How to Identify a Subscriber Group for Partially Distant Stations  Step 1: For each community served, determine the local service area of each wholly distant and each partially carried to that community.   | distant station you                              | Permitted<br>Stations                         |
| <b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribe outside the station's local service area. A subscriber located outside the local service area of a station is distart the same token, the station is distant to the subscriber.)   |  |   |
| <b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they a subscriber group must consist entirely of subscribers who are distant to exactly the same complement of static system will have only one subscriber group when the distant stations it carried have local service areas that co   | ons. Note that a cable                           |   |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each subscriber groups.  | of your system's                                 |   |
| In each section:  • Identify the communities/areas represented by each subscriber group.  |  |   |
| <ul> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is a subscribers in the group.</li> </ul>  | distant to all of the                            |   |
| <ul> <li>If:</li> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as y and 4 of this schedule; or,</li> </ul>  | ou gave it in parts 2, 3,                        |   |
| 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you part 6 of this schedule.  | gave it in block B,                              |   |
| Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |  |   |
| • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the in the paper SA3 form.   | ne general instructions                          |   |
| <ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this scheck page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You your actual calculations on the form.</li> </ul>  | er group (that is, the total                     |   |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007641 COX COMMUNICATIONS KANSAS, 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 OWNER COX COMMUNICA                |          |                  |             |                         |          | S               | 007641 | Name             |
|--|----------|------------------|-------------|-------------------------|----------|-----------------|--------|------------------|
| E  | BLOCK A: | COMPUTATION OF   | BASE RA     | TE FEES FOR EACH        | SUBSCRI  | BER GROUP       |        |                  |
|  | FIRST    | SUBSCRIBER GROUI | <b>5</b>    |                         | SECOND   | SUBSCRIBER GRO  | UP     | 9                |
| COMMUNITY/ AREA                                  |          |                  | 0           | COMMUNITY/ AREA         |          |                 | 0      | Computation      |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE    | of               |
|  |          |                  |             |                         |          |                 |        | Base Rate Fee    |
|  |          |                  |             |                         |          |                 |        | and              |
|  |          |                  |             |                         |          |                 |        | Syndicated       |
|  |          |                  |             |                         |          |                 |        | Exclusivity      |
|  |          |                  |             |                         |          |                 |        | Surcharge        |
|  |          |                  |             |                         |          |                 |        | for<br>Partially |
|  |          |                  |             |                         |          |                 |        | Distant          |
|  |          |                  |             |                         |          | nH              |        | Stations         |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  | <u> </u>    |                         |          |                 |        |                  |
| Total DSEs                                       |          |                  | 0.00        | Total DSEs              |          | -               | 0.00   |                  |
| Gross Receipts First Gr                          | oup      | \$               | 0.00        | Gross Receipts Seco     | nd Group | \$              | 0.00   |                  |
| Base Rate Fee First Gr                           | oup      | \$               | 0.00        | Base Rate Fee Seco      | nd Group | \$              | 0.00   |                  |
|  | THIRD    | SUBSCRIBER GROUI | )           |                         | FOURTH   | SUBSCRIBER GROU | UP     |                  |
| COMMUNITY/ AREA                                  |          |                  | 0           | COMMUNITY/ AREA         | 0        |                 |        |                  |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE    |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  |             |                         |          | .               |        |                  |
|  |          |                  | •           |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  | •           |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
|  |          |                  |             |                         |          |                 |        |                  |
| Total DSEs                                       | -        |                  | 0.00        | Total DSEs              |          |                 | 0.00   |                  |
| Gross Receipts Third G                           | roup     | \$               | 0.00        | Gross Receipts Fourt    | h Group  | \$              | 0.00   |                  |
| Base Rate Fee Third G                            | roup     | \$               | 0.00        | Base Rate Fee Fourt     | h Group  | \$              | 0.00   |                  |
|  |          |                  |             |                         |          |                 |        |                  |
| Base Rate Fee: Add th<br>Enter here and in block |          |                  | ber group a | is shown in the boxes a | bove.    | \$              | 0.00   |                  |

Nonpermitted 3.75 Stations

| LEGAL NAME OF OWNER COX COMMUNICA       |             |                        |            | micou o.70 otal          |          | Sì               | O07641 | Name                 |
|---|-------------|------------------------|------------|--------------------------|----------|------------------|--------|----------------------|
| В                                       |             |                        |            | TE FEES FOR EACH         |          |                  |        |                      |
| 001111111111111111111111111111111111111 | FIRST       | SUBSCRIBER GROU        |            | 00144                    | SECOND   | SUBSCRIBER GROUI |        | 9                    |
| COMMUNITY/ AREA                         |             |                        | 0          | COMMUNITY/ AREA          |          |                  | 0      | Computation          |
| CALL SIGN                               | DSE         | CALL SIGN              | DSE        | CALL SIGN                | DSE      | CALL SIGN        | DSE    | of                   |
|   | •           | -                      |            |                          |          |                  |        | Base Rate Fee        |
|   |             |                        |            |                          |          |                  |        | and<br>Syndicated    |
|   |             |                        |            |                          |          |                  |        | Exclusivity          |
|   |             |                        |            |                          |          |                  |        | Surcharge            |
|   |             |                        |            |                          |          |                  |        | for                  |
|   |             |                        |            |                          |          |                  |        | Partially<br>Distant |
|   |             | -                      |            |                          | <b>.</b> |                  |        | Stations             |
|   |             |                        |            |                          |          |                  |        |                      |
|   |             |                        |            |                          |          |                  |        |                      |
|   |             |                        |            |                          | <b>1</b> |                  |        |                      |
|   |             |                        |            |                          |          |                  |        |                      |
|   |             |                        |            |                          |          |                  |        |                      |
| 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        |            |                          | Р        |                  |        |                      |
| COMMUNITY/ AREA                         |             |                        | 0          | COMMUNITY/ AREA          |          |                  |        |                      |
| CALL SIGN                               | DSE         | CALL SIGN              | DSE        | CALL SIGN                | DSE      | CALL SIGN        | DSE    |                      |
|   |             |                        |            |                          |          |                  |        |                      |
|   |             | -                      |            |                          |          |                  |        |                      |
|   |             | -                      |            |                          |          |                  |        |                      |
|   |             |                        |            |                          |          |                  |        |                      |
|   |             | -                      |            |                          | <b>.</b> |                  |        |                      |
|   |             | -                      |            |                          |          |                  |        |                      |
|   |             |                        |            |                          |          |                  |        |                      |
|   |             | -                      |            |                          |          |                  |        |                      |
|   |             | _                      |            |                          |          |                  |        |                      |
|   |             | -                      |            |                          |          |                  |        |                      |
|   |             |                        |            |                          |          |                  |        |                      |
| 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 subscr | iber group | as shown in the boxes at | oove.    |                  |        |                      |
| Enter here and in block                 |             |                        | <b>.</b>   |                          |          | \$               | 0.00   |                      |