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

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	AC	COUNTING PERIOD COVERED BY THI	IS STATEMENT:					
Accounting Period		2021/2						
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full 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.							
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF C	CABLE SYSTEM					
		COX COMMUNICATIONS LAS VEGA	AS, INC.					
						00739	720212	
						007397	2021/2	
		6205 PEACHTREE DUNWOODY ROA ATLANTA, GEORIGA 30328						
С		TRUCTIONS: In line 1, give any business or tr nes already appear in space B. In line 2, give th						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						
D	Ins	tructions: For complete space D instructions,	see page 1b. Identify c	only the frst comm	unity served below and reli	st on page	1b	
Area	wit	n all communities.						
Served		CITY OR TOWN		STATE				
First		LAS VEGAS		NV				
Community	E	elow is a sample for reporting communities if ye	ou report multiple char	nnel line-ups in Sp	ace G.			
		CITY OR TOWN (SAMPLE)		STATE	CH LINE UP	SUE	3 GRP#	
Sample	Ald			MD	A		1	
		ance		MD	B		2 3	
	Ge	ing		MD	В		3	
form in order to pro numbers. By provid search reports pre	ocess ding Pl pared	tion 111 of title 17 of the United States Code authorizes the rour statement of account. PII is any personal information th I, you are agreeing to the routine use of it to establish and r or the public. The effect of not providing the PII requested i iments of account, and it may affect the legal suffciency of t	hat can be used to identify of maintain a public record, whi is that it may delay processir	r trace an individual, so ch includes appearing ng of your statement o	uch as name, address and telepho in the Offce's public indexes and i f account and its placement in the	one in		

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2-24-22

for Secondary Transmissions by Cable Systems (Long Form)

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

STATEMENT OF ACCOUNT

FORM SA3E. PAGE 1b.						
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
COX COMMUNICATIONS LAS VEGAS, INC.			007397			
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.						
If all communities receive the same complement of television broadcast stations (i all communities with the channel line-up "A" in the appropriate column below or lea on a partially distant or partially permitted basis in the DSE Schedule, associate ea designated by a number (based on your reporting from Part 9).	ave the column blank. If ach relevant community	you report any sta with a subscriber of	tions group,			
When reporting the carriage of television broadcast stations on a community-by-co channel line-up designated by an alpha-letter(s) (based on your Space G reporting (based on your reporting from Part 9 of the DSE Schedule) in the appropriate colu	g) and a subscriber grou					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#			
LAS VEGAS	NV			First		
BOULDER CITY	NV			Community		
CLARK COUNTY	NV					
HENDERSON	NV					
NORTH LAS VEGAS	NV					
				See instructions for		
				additional information on alphabetization.		
				on alphabetization.		
				Add rows as necessary.		
			••••••			
	<u> </u>	<u> </u>				

Name	LEGAL NAME OF OWNER OF CABLE		AS, IN	C.					Ş	SYSTEM II 00739
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES					
Е	In General: The information in s			-	-	ary transmi	ssion s	ervice of the	he cable	
_		system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information								
Secondary		about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the ast day of the accounting period (June 30 or December 31, as the case may be).								
Transmission Service: Sub-		er of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken								
scribers and	down by categories of secondary	•						•		
Rates	each category by counting the nu									
	separately for the particular serv									
	Rate: Give the standard rate c unit in which it is generally billed	-	-	-				-		
	category, but do not include disc	· · ·			ny stanu	aiu iale va	nations	s wiu iir a p		
	Block 1: In the left-hand block				ies of se	econdary tr	ansmis	sion servic	e that cable	
	systems most commonly provide									
	that applies to your system. Note			-		-				
	categories, that person or entity subscriber who pays extra for ca									
	first set" and would be counted o									
	Block 2: If your cable system h						nat are	different fr	om those	
	printed in block 1 (for example, ti									
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tv	vo- or th	ree-word d	escripti	on of the s	ervice is	
	sufficient. BLC	DCK 1						BLOC	CK 2	
		NO. OF							NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CA	TEGORY	OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:	14	1 227	\$25 \$50 00						
	Service to first set Service to additional set(s)		1,237 25	\$25-\$50.00 No Cost						
	 Service to additional set(s) FM radio (if separate rate) 		25	NO COST						
	Motel, hotel		6,073	\$25-\$50.00						
	Commercial		6,477	\$25-\$50.00						
	Converter		•,•••	·						
	Residential	49	2,167	\$ 4.00						
	Non-residential	4	4,758	\$ 4.00						
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	;					
F	In General: Space F calls for rat	`	'		•					
•	not covered in space E, that is, the service for a single fee. There are									
Services	furnished at cost or (2) services				0			0()		
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that								woro pot	
Rales	listed in block 1 and for which a s									
		brief (two- or three-word) description and include the rate for each.								
									BLOCK 2	
		BLO RATE	CK 1	GORY OF SER	VICE	RA	ſE	CATEG	BLOCK 2 DRY OF SERVICE	RATE
	brief (two- or three-word) descrip	BLO	CK 1 CATEO				ſE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLO	CK 1 CATEO Install	GORY OF SER			ſE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO RATE	CK 1 CATEO Install • Mo	GORY OF SER ation: Non-res			ſE	CATEGO		E RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO RATE \$ 15.99	CK 1 CATEO Install • Mo • Co • Pa	GORY OF SER ation: Non-res itel, hotel mmercial y cable	idential		ſE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO RATE \$ 15.99	CK 1 CATEC Install • Mo • Co • Pa • Pa	GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch	idential		re	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	BLO RATE \$ 15.99 10.00-32.00	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir	GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection	idential		re 	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO RATE \$ 15.99 10.00-32.00 20-100.00	CK 1 CATEC Install • Mo • Co • Pa • Pa • Firr • Bu	GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential		re	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO RATE \$ 15.99 10.00-32.00	CK 1 CATE(Install • Mo • Co • Pa • Pa • Fin • Bu Other	GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential		ΓΕ 	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO RATE \$ 15.99 10.00-32.00 20-100.00	CK 1 CATEC Install • Mc • Co • Pa • Pa • Fin • Bu Other • Re	GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential		ΓΕ 	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO RATE \$ 15.99 10.00-32.00 20-100.00	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu Other • Re • Dis	GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect sconnect	idential			CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO RATE \$ 15.99 10.00-32.00 20-100.00	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu • Bu • Bu • Cother • Re • Dis • Ou	GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential nannel		50.00	CATEGO		RATE

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
COX COMMUNICATIONS LAS VEGAS, INC.	007397	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power carried by your cable system during the accounting period, except (1) stations carried only on a part.	,	G
	The set of the set	

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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KHDF-5	19.5	I-M	No		LAS VEGAS, NV	
KBLR-1	39.1	I	No		PARADISE, NV	
KBLR-2	39.2	I-M	No		PARADISE, NV	additional information on alphabetization.
KBLR-3	39.3	I-M	No		PARADISE, NV	on alphabetization.
KBLR-4	39.4	I-M	No		PARADISE, NV	
KELV-LP	27.1	I	No		LAS VEGAS, NV	
KHDF-1	19.1	I	No		LAS VEGAS, NV	
KHSV-1	21.1	I	No		LAS VEGAS, NV	
KHSV-2	21.2	I-M	No		LAS VEGAS, NV	
KHSV-3	21.3	I-M	No		LAS VEGAS, NV	
KHSV-4	21.4	I-M	No		LAS VEGAS, NV	
KINC-1	15.1	I	No		LAS VEGAS, NV	
KINC-2	15.2	I-M	No		LAS VEGAS, NV	
KLAS-1	8.1	N	No		LAS VEGAS, NV	
KLAS-2	8.2	I-M	No		LAS VEGAS, NV	
KLAS-3	8.3	I-M	No		LAS VEGAS, NV	
KLVX-1	10.1	E	No		LAS VEGAS, NV	
KLVX-2	10.2	E-M	No		LAS VEGAS, NV	

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

	Accoorting I Entop
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#

	JNICATIONS L				SYSTEM ID# 007397	Name
PRIMARY TRANSMIT			, INC.		001331	
In General: In space carried by your cabl FCC rules and regu 76.59(d)(2) and (4), substitute program Substitute Basi basis under specific • Do not list the stat station was carri • List the station her basis. For furthe in the paper SA3 Column 1: List e each multicast streat cast stream as "WE WETA-simulcast). Column 2: Give its community of lict on which your cable Column 3: Indic educational station, (for independent multi- For the meaning of Column 5: If you cable system carrie carried the distant s For the retransm of a written agreemu- the cable system ar tion "E" (exempt). F	e G, identify even e system during til lations in effect of 76.61(e)(2) and (basis, as explaine s stations: With FCC rules, regula- ion here in space ed only on a subs re, and also in spa- r information cond form. each station's call an associated with TA-2". Simulcast the channel numbers, For example e system carried th ate in each case to by entering the le- ulticast), "E" (for no these terms, see station is outside prvice area, see pu have entered "Ye d the distant static tation on a part-tin ission of a distant ent entered into or d a primary trans or simulcasts, also	y television sta ne accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta serning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch e station. whether the st ther "N" (for mo- page (v) of the the local sen age in column on during the a multicast strea- nor before Ju mitter or an a po enter "E". If , see page (v)	period, except 81, permitting th eferring to 76.6 paragraph. / distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its ov t be reported in (has assigned to annel 4 in Wash ation is a netwo etwork), "N-M" (t I educational), o e general instruct 4, you must cor accounting period ause of lack of a asem that is not s ine 30, 2009, be ssociation repre you carried the 0 of the general in	(1) stations carrie the carriage of cert 1(e)(2) and (4))]; a s carried by your of the Special Statem d both on a substi- ns, see page (v) of the regram service er-the-air designat column 1 (list eac column 1 (list eac column 1 (list eac the television stat hington, D.C. This with station, an inde for network multic or "E-M" (for nonce ctions located in the mplete column 5, pold. Indicate by en totivated channel subject to a royalty tween a cable sy senting the prima channel on any of	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further	G Primary Transmitters Television
FCC. For Mexican of	or Canadian statio	ns, if any, giv	e the name of th	list the communit	y to which the station is licensed by the n which the station is identifed.	
FCC. For Mexican of	or Canadian statio	ns, if any, giv nnel line-ups,	e the name of th use a separate	list the communit ne community with space G for each	y to which the station is licensed by the n which the station is identifed.	
	or Canadian statio	ns, if any, giv nnel line-ups, CHANN 3. TYPE	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	list the communit ne community with space G for each	y to which the station is licensed by the n which the station is identifed.	
FCC. For Mexican of Note: If you are utili	or Canadian statio izing multiple char 2. B'CAST CHANNEL	ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.	
FCC. For Mexican of Note: If you are utiliting 1. CALL	pr Canadian statio izing multiple char 2. B'CAST CHANNEL NUMBER	ns, if any, giv nel line-ups, CHANN 3. TYPE OF STATION	e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION	
FCC. For Mexican of Note: If you are utiliting the second	2. B'CAST CHANNEL NUMBER 10.3	ns, if any, giv nel line-ups, CHANN 3. TYPE OF STATION	e the name of tr use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION LAS VEGAS, NV	
FCC. For Mexican of Note: If you are utili 1. CALL SIGN KLVX-3 KMCC-1	2. B'CAST CHANNEL NUMBER 10.3 34.1	ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION E-M I	e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION LAS VEGAS, NV LAUGHLIN, NV	
FCC. For Mexican of Note: If you are utiliting 1. CALL SIGN KLVX-3 KMCC-1 KSNV-1	2. B'CAST CHANNEL NUMBER 10.3 34.1 3.1	ns, if any, giv nel line-ups, CHANN 3. TYPE OF STATION E-M I N	e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION LAS VEGAS, NV LAUGHLIN, NV LAS VEGAS, NV	
FCC. For Mexican of Note: If you are utili 1. CALL SIGN KLVX-3 KMCC-1 KSNV-1 KSNV-2	2. B'CAST CHANNEL NUMBER 10.3 34.1 3.1 3.2	ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION E-M I N I-M	e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION LAS VEGAS, NV LAUGHLIN, NV LAS VEGAS, NV LAS VEGAS, NV	
FCC. For Mexican of Note: If you are utili 1. CALL SIGN KLVX-3 KMCC-1 KSNV-1 KSNV-2 KSNV-3	2. B'CAST CHANNEL NUMBER 10.3 34.1 3.1 3.2 3.3	ns, if any, giv nel line-ups, CHANN 3. TYPE OF STATION E-M I N I-M I-M	e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION LAS VEGAS, NV LAUGHLIN, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
FCC. For Mexican of Note: If you are utilitient 1. CALL SIGN KLVX-3 KMCC-1 KSNV-1 KSNV-2 KSNV-2 KSNV-3 KSNV-4	2. B'CAST CHANNEL NUMBER 10.3 34.1 3.1 3.2 3.3 3.4	ns, if any, giv nel line-ups, CHANN 3. TYPE OF STATION E-M I N I-M I-M I-M	e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
FCC. For Mexican of Note: If you are utili 1. CALL SIGN KLVX-3 KMCC-1 KSNV-1 KSNV-2 KSNV-2 KSNV-3 KSNV-4 KTNV-1 KTNV-1 KTNV-3	2. B'CAST CHANNEL NUMBER 10.3 34.1 3.1 3.2 3.3 3.4 13.1	ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION E-M I N I-M I-M I-M N N	e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV	
FCC. For Mexican of Note: If you are utili 1. CALL SIGN KLVX-3 KMCC-1 KSNV-1 KSNV-2 KSNV-3 KSNV-3 KSNV-4 KTNV-1 KTNV-1 KTNV-3 KVCW-1	2. B'CAST CHANNEL NUMBER 10.3 34.1 3.1 3.2 3.3 3.4 13.1 13.3	ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION E-M I N I-M I-M I-M N N	e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION LAS VEGAS, NV LAS VEGAS, NV	
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FCC. For Mexican of Note: If you are utili 1. CALL SIGN KLVX-3 KMCC-1 KSNV-1 KSNV-2 KSNV-3 KSNV-4 KTNV-3 KSNV-4 KTNV-1 KTNV-3 KVCW-1 KVCW-2 KVCW-3	r Canadian statio zing multiple char 2. B'CAST CHANNEL NUMBER 10.3 34.1 3.1 3.2 3.3 3.4 13.1 13.3 33.1 13.3 33.1 33.2 33.2 33.3	ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION E-M I N I-M I-M I-M I-M I-M I-M I-M	e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION LAS VEGAS, NV LAS VEGAS, NV	
FCC. For Mexican of Note: If you are utili 1. CALL SIGN KLVX-3 KMCC-1 KSNV-1 KSNV-2 KSNV-3 KSNV-4 KTNV-3 KVCW-1 KVCW-1 KVCW-2 KVCW-3 KVCW-4	2. B'CAST CHANNEL NUMBER 10.3 34.1 3.1 3.2 3.3 3.4 13.1 13.3 33.1 13.3 33.1 33.2 33.3 33.4	ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION E-M I N I-M I-M I-M I-M I-M I-M I-M	e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION LAS VEGAS, NV LAS VEGAS, NV	
FCC. For Mexican of Note: If you are utilit 1. CALL SIGN KLVX-3 KMCC-1 KSNV-1 KSNV-2 KSNV-3 KSNV-4 KTNV-3 KSNV-4 KTNV-1 KTNV-3 KVCW-1 KVCW-2 KVCW-2 KVCW-4 KVCW-4 KVVU-1	2. B'CAST CHANNEL NUMBER 10.3 34.1 3.1 3.2 3.3 3.4 13.1 13.3 3.4 13.1 13.3 3.1 3.2 3.3 3.4 13.1 13.3 3.1 3.2 3.3 3.4 5.1	ns, if any, giv nel line-ups, CHANN 3. TYPE OF STATION E-M I N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION LAS VEGAS, NV LAS VEGAS, NV	
FCC. For Mexican of Note: If you are utili 1. CALL SIGN KLVX-3 KMCC-1 KSNV-1 KSNV-2 KSNV-3 KSNV-3 KSNV-4 KTNV-1 KTNV-3 KVCW-1 KVCW-2 KVCW-2 KVCW-3 KVCW-4 KVCW-4 KVVU-1 KVVU-2	r Canadian statio zing multiple char 2. B'CAST CHANNEL NUMBER 10.3 34.1 3.1 3.2 3.3 3.4 13.1 13.3 33.1 13.3 33.1 33.2 33.1 33.2 33.3 33.4 5.1 5.2	ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION E-M I N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	list the communit ne community with space G for each AA (2) 5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION LAS VEGAS, NV LAS VEGAS, NV	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# COX COMMUNICATIONS LAS VEGAS, INC. 007397									
H Primary Transmitters: Radio	 PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). 									
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
COX COMMUNICATION	NS LAS V	EGAS, INC.				007397	Name
				•			
SUBSTITUTE CARRIAGE	E SPECIA		IT AND PROGRAM LOG	•			
In General: In space I, identi							•
substitute basis during the ad							Substitute
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
broadcast by a distant stat		,		, ,		XNo	Statement and Program Log
Note: If your answer is "No'	', leave the	rest of this pag	je blank. If your answer is '	'Yes," you mi	ust complete the program	n	
log in block 2. 2. LOG OF SUBSTITUTE		MC					
In General: List each subst			te line. Use abbreviations	wherever pos	ssible, if their meaning is		
clear. If you need more spa	ce, please	attach addition	al pages.		-		
period, was broadcast by a			ision program (substitute p ur cable system substitute			ion	
under certain FCC rules, re	gulations, c	or authorization	s. See page (vi) of the gen	eral instruction	ons located in the paper		
SA3 form for futher informatiltes, for example, "I Love L				"basketball"	List specific program		
Column 2: If the program	n was broad	lcast live, ente	r "Yes." Otherwise enter "N				
			isting the substitute progra ne community to which the		unsed by the ECC or in		
the case of Mexican or Can							
		when your sys	tem carried the substitute p	program. Use	numerals, with the mon	th	
first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your o	cable system	List the times accurate	y	
to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be		
stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	mming that y	our system was required	ł	
to delete under FCC rules a	and regulati	ons in effect du	uring the accounting period	l; enter the le	tter "P" if the listed pro		
gram was substituted for pre- effect on October 19, 1976.		that your syste	em was permitted to delete	under FCC i	ules and regulations in		
s	UBSTITUT	E PROGRAM			EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					_		
					_		
					_		
					_		
					—		

FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2021/2

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#COX COMMUNICATIONS LAS VEGAS, INC.007397							
J Part-Time Carriage Log	 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 12:00 p.m." 								
			DATES	AND HOURS (DF P	ART-TIME CAR	RIAGE		
	CALL SIGN	WHEN	N CARRIAGE OCCU	RRED		CALL SIGN	WHEN	N CARRIAGE O	CCURRED
	CALL SIGN	DATE	HOUF FROM	RS TO		CALL SIGN	DATE	H FROM	OURS TO
		BATE	_	10			BATE		_
			_						_
									_
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FORM	SA3E. PAGE 7.		
	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CO	X COMMUNICATIONS LAS VEGAS, INC.	007397	
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y 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 core e (vii) of the general instructions. 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.	dary transmission service	K Gross Receipts
		(
 Instruct Com Com If yo fee for the second s	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amore rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable part mpanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
- ·	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be 6 k 3 below.	entered on line 1 of	
If particular set 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low.	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	
Block 1	MINIMUM FEE: 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 i system's gross receipts for the accounting period.	s 1.064 percent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	<u> </u>	
	This is your minimum fee.	\$ 732,765.24	
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in 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 Yes—Complete the DSE schedule. 	4, you must check	
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 732,765.24	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 733,490.24	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (So general instructions located in the paper SA3 form and the Excel instructions tal		

ACCOUNTING PERIOD: 2021/2

		FORM SA3E. PAGE 8.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS LAS VEGAS, INC.	SYSTEM ID# 007397							
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	403							
N Individual to Be Contacted	vidual to								
for Further Information	Name Kristin Von Schuch Telephone (4 Address 6205B PEACHTREE DUNWOODY ROAD - 21 FLOOR (Number, street, rural route, apartment, or suite number) ATLANTA, GEORIGA 30328 (City, town, state, zip)	04) 269-0827							
	Email kristin.vonschuch@cox.com Fax (optional) N/A								
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	ons.)							
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	f the cable system							
	Image: Note of the second state of								
Privacy Act Notice:	Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII)	requested on this							

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

EGAL NAME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS LAS VEGAS, INC.	SYSTEM ID# 007397	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inc scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	basic clude sub- ı 119."	P Special Statement Concerning Gross Receipts
 paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	nissions	Exclusion
Name 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 under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	payment.	Q
Line 1 Enter the amount of late payment or underpayment	-	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	days - 00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) (interes * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance	- it charge) ce please	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offic please list below the owner, address, first community served, accounting period, and ID number as given in the filing.		
Owner Address		
First community served Accounting period ID number		
rivacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informati rm 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		

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 listed in space G is 1.0.

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules.

2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 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.

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE SCHEDULE

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

 If none of the stations were partially distant, calculate your base rate fee according to the following rates-for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSE 1.064% of gross receipts Each of the second, third, and fourth DSEs 0.701% of gross receipts

The fifth and each additional DSE 0.330% of gross receipts PARTIALLY DISTANT STATIONS-PART 9 OF THE DSE SCHEDULE

· If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group.

3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

Distant Stations Carried

DSE

STATION

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

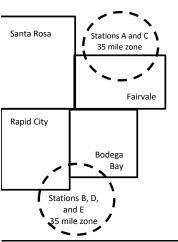
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

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

CITY

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.



A (independent)	1.0		SERVICE AR	REA OF	FROMS	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 an	d C		100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and	d C		70,000.00
E (network)	<u>0.25</u>	Fairvale	Stations B, D,	, and E		120,000.00
TOTAL DSEs	2.472		TOTAL GRO	SS RECEIPTS		\$600,000.00
Minimum Fee Total Gross F	Receipts		\$600,000.00			
			x .01064			
			\$6,384.00			
First Subscriber Group		Second Subsci	riber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and	Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts		\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs		1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee		\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .0106	64 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .0070)1 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

Identification of Subscriber Groups

OUTSIDE LOCAL

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

GROSS RECEIPTS

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	STEM ID#
1	COX COMMUNICATIONS	S LAS VEGAS	S, INC.			007397
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station. Enter the sum here and in line 1				0.00	
2 Computation of DSEs for	Instructions: In the column headed "Call Si of space G (page 3). In the column headed "DSE": mercial educational station, give	for each indepe	ndent station, give the DSE a 5."	as "1.0"; for ea		
Category "O" Stations	CALL SIGN		CATEGORY "O" STATION			Der
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as necessary. Remember to copy all						
formula into new						
rows.						

I I I I I I I I I I I I I I I I I I I	T	
	 <mark> </mark>	••••••••••••••••••••••••••••••••••••••
	 L	

Name		UNICATIONS LAS VE	GAS, INC.				:	00739
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 2 be carried our Column 9 give the type- Column 9	CAPACITY st the call sign of all distar 2: For each station, give th correspond with the inform 3: For each station, give th 4: Divide the figure in colu t at least to the third decim 5: For each independent s value as ".25." 5: Multiply the figure in colu point. This is the station's	ne number of hour nation given in sp ne total number of mn 2 by the figure nal point. This is th tation, give the "ty umn 4 by the figure	s your cable system ace J. Calculate onl hours that the stati in column 3, and g ne "basis of carriage pe-value" as "1.0." re in column 5, and	n carried the statu y one DSE for ea on broadcast ove ive the result in d e value" for the sta For each network give the result in	on during the accounting the station. r the air during the acco ecimals in column 4. Th ation. or noncommercial edu column 6. Round to no	ounting period. his figure must cational station, less than the	
Capacity	3A3 10111.	(CATEGORY	AC STATIONS:	COMPLITAT			
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	= 5. TYP		SE
			÷		=	x	=	
			* *		=	x x	=	
			÷		=	×	=	
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Computation of DSEs for Substitute-	Add the DSEs Enter the su Instructions: Column 1: Giv • Was carried tions in effe • Broadcast space I). Column 2: at your option. Column 3: Column 4:	of each station. um here and in line 2 of pa ve the call sign of each sta d by your system in substit ect on October 19, 1976 (a	art 5 of this schedu tion listed in spac tution for a progra as shown by the le rk programs during number of live, no pond with the info in the calendar ye n 2 by the figure in	e I (page 5, the Log m that your system tter "P" in column 7 g that optional carria nnetwork programs rmation in space I. aar: 365, except in a n column 3, and giv	of Substitute Pro was permitted to of space I); and ge (as shown by ti carried in substit leap year. e the result in col	ograms) if that station: delete under FCC rules ne word "Yes" in column ; ution for programs that umn 4. Round to no les	s and regular- 2 of were deleted s than the third).
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DSE SCHEDULE. P	AGE 13.	ACCOUNTIN	G PERIOD: 2021/2
	WNER OF CABLE SYSTEM: IICATIONS LAS VEGAS, INC.	SYSTEM ID# 007397	Name
In block A: • If your answer if schedule.		the	6
n block A: If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. If your answer if "No," complete blocks B and C below.	Computation of 3.75 Fee		
effect on June 24,	1981? plete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.	julations in	
	BLOCK B: CARRIAGE OF PERMITTED DSEs		
Column 1: CALL SIGN	List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitter FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set for Satellite Television Extension and Localism Act of 2010.)		
Column 2: BASIS OF PERMITTED CARRIAGE	 Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e); M Retransmission of a distant multicast stream. 		
Column 3:	List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page this schedule to determine the DSE.)	e 14 of	
1 CALL			

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
							······	
								0.00
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE			
ie 1: Enter the	total number of [DSEs from p	art 5 of this s	chedule				-
e 2: Enter the	sum of permitted	DSEs from	block B abov	/e				-
				of DSEs subject to ' of this schedule)		te.		0.00
ne 4: Enter gro	ss receipts from	space K (pa	ge 7)				x 0.03	275
no Er Multinhali	no 4 hv 0 0275 o	nd ontor our	- h - r -				X 0.03	
	ne 4 by 0.0375 ai	nu enter sun						
ne 6: Enter tota	al number of DSE	s from line 3	3					-

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)

0.00

DSE SCHEDULE.	PAGE 13.	(CONTINUED)
---------------	----------	-------------

Name	YSTEM ID# 007397	SY			INC.			
6	BLOCK A: TELEVISION MARKETS (CONTINUED) 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 3. DSE 3. DSE 3. DSE 1. CALL 2. PERMITTED 3. DSE 3. DSE							
U	3. DSE			3. DSE		3. DSE		
Computation 3.75 Fee								
0.70100								
		, I	1	, ,	1		1	

ACCOUNTING PERIOD: 2021/2

							DSE	SCHEDULE. PAGE 14.		
Name	LEGAL NAME OF OWN			_				SYSTEM ID#		
Name	COX COMMUN	ICATIONS L	AS VEGAS, INC	C.				007397		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. 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. 									
		DEDMITT								
	1. CALL	2. PRIO		COUNTING	D ON A PART-TIME A 4. BASIS OF			6. PERMITTED		
	SIGN	DSE		ERIOD	CARRIAGE	_	DSE	DSE		
7	Instructions: Block A	must be comp	leted.							
Computation	In block A: If your answer is	If your answer is "Yes," complete blocks B and C, below.								
of the					rt 8 of the DSE schedu	le.				
Syndicated					ELEVISION MARI					
Exclusivity			DEGO							
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 Jur							ules in effect June 24	4, 1981?		
	Yes—Complete	blocks B and C	. .		X No—Proceed t	o part 8				
	BLOCK B: C	arriage 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							•			
	commercial VHF station				nity served by the ca		•			
	or in part, over the cal	ble system?	-		to former FCC rule 7	6.159)				
	Yes—List each st	tation below with	its appropriate permi	itted DSE	Yes—List each	station below v	vith its appropriate pe	rmitted DSE		
	X No—Enter zero a	nd proceed to pa	rt 8.		X No—Enter zero	and proceed to	o part 8.			
		II								
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		<u> </u>								
		<u> </u>								
		<u> </u>								
		<u> </u>								
				·····			+			
										
			TOTAL DSEs	0.00			TOTAL DSEs	0.00		
	1	L			11			· · · · · · · · · · · · · · · · · · ·		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# COX COMMUNICATIONS LAS VEGAS, INC. 007397	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7) 68,868,913.75	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ _\$	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	Image: Second and partially distant devision statuties during the accounting period ? Image: Second and period ? Imag	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Nama	LEGAL NAM	IE OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	(COX COMMUNICATIONS LAS VEGAS, INC.	007397							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)								
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge.								
	Instruc	tions'								
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pa	rt							
U		checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation		r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of	• If you	If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below								
Base Rate Fee		blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local								
	service area," see page (v) of the general instructions.									
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS Did your cable system retransmit the signals of any partially distant television stations during the accounting period?									
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7)	75							
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	.00							
	0 "									
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts								
		(the amount in section 1)								
		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.								
		E. Add lines A, and D. This is your base rate fee. Enter here	_							
		and in block 3, line 1, space L (page 7)								
		Base Rate Fee								

	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
COX	COMMUNICATIONS LAS VEGAS, INC. 007397	Naille
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts	0
	(the amount in section 1)	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) > \$	of Base Rate Fee
	C. Multiply line B by 3.000 and enter here ►\$	Dase Rale Fee
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1)	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	9
•	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	-
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	Computation of
exclusi	on, you must:	Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must	Partially
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
		for Partially
	Identify a Subscriber Group for Partially Distant Stations : For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted Stations
	to that community.	
	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
Step 3	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
groups	Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
In each	section:	
	fy the communities/areas represented by each subscriber group.	
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and	
	s schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,	
part	6 of this schedule.	
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

Image: Construction of the second	FIRST SUBSCRIBER GROUP		SYSTEM ID# 007397		
COMMUNITY/ AREA 0 COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY/ AREA					
CALL SIGN DSE Image: Control of the second			COND SUBSCRIBER GROUP		
Image: Second Group Image: Second Group<					
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.0 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.0 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	DSE CALL SIGN [DSE CALL SIGN D	SE CALL SIGN DSE		
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.0 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0					
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.0 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA					
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.0 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0					
ross Receipts First Group <u>\$ 0.00</u> ase Rate Fee First Group <u>\$ 0.00</u> THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA					
ross Receipts First Group <u>\$ 0.00</u> ase Rate Fee First Group <u>\$ 0.00</u> THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA					
s 0.00 Gross Receipts Second Group s 0.0 ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.0 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	·····				
ross Receipts First Group <u>\$ 0.00</u> ase Rate Fee First Group <u>\$ 0.00</u> THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP CMMUNITY/ AREA 0 COMMUNITY/ AREA					
ross Receipts First Group <u>\$ 0.00</u> ase Rate Fee First Group <u>\$ 0.00</u> THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP CMMUNITY/ AREA 0 COMMUNITY/ AREA					
ross Receipts First Group <u>\$ 0.00</u> ase Rate Fee First Group <u>\$ 0.00</u> THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA					
ross Receipts First Group <u>\$ 0.00</u> ase Rate Fee First Group <u>\$ 0.00</u> THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA					
oss Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.0 Isse Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.0 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0					
ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.0 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA	0	0.00 Total DSEs	0.00		
THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP OMMUNITY/ AREA O	Group <u>\$ 0</u> ,	0.00 Gross Receipts Second Gro	oup <u>\$ 0.00</u>		
DMMUNITY/ AREA 0 COMMUNITY/ AREA	Group \$ 0	0.00 Base Rate Fee Second Gro	sup \$ 0.00		
	THIRD SUBSCRIBER GROUP	FC	OURTH SUBSCRIBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Image: Contract of the second state of t		0 COMMUNITY/ AREA	COMMUNITY/ AREA 0		
	DSE CALL SIGN [DSE CALL SIGN D	SE CALL SIGN DSE		
	······				
			0.00		
ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.0		J.UU Gross Receipts Fourth Grou	up <u>\$ 0.00</u>		
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.0					

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

		BER GROUP	SUBSCRI	TE FEES FOR EAC	DE BASE RA			
								Ŀ
•		SUBSCRIBER GROU	SECOND			T SUBSCRIBER GRC	FIRST	
Comp	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
o	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base R								
ar								
Syndi								
Exclu Surcl					••••• ••••••			
fc			•••		•••••			
Part								
Dist								
Stat					••••• •••••			
					•••••			
			<mark></mark>					
-								
	0.00			Total DSEs	0.00	Total DSEs 0.00 Gross Receipts First Group \$		
	0.00	\$	d Group	Gross Receipts Seco	0.00			
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First Gr
	UP	SUBSCRIBER GROU	FOURTH)UP	D SUBSCRIBER GRC	THIRD	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			•••		•••••			
					••••• ••••••			
			•••		•••••			
			<mark></mark>					
			•••		••••			
4								
	0.00			Total DSEs	Total DSEs 0.00			
	0.00	\$	Group	Gross Receipts Four	0.00	\$	Group	Gross Receipts Third G
	0.00	\$	I Group	Base Rate Fee Fourt	0.00	\$	Group	Base Rate Fee Third G

system is located within a top 100 television m Exclusivity Surcharge. Indicate which major tele 5.5 of FCC rules in effect on June 24, 1981: First 50 major television market DNS: ne 1, give the total DSEs by subscriber group schedule. ne 2, give the total number of DSEs by subscri- mpt DSEs in block C, part 7 of this schedule. If ne 3, subtract line 2 from line 1. This is the total npute the surcharge for each subscriber group	D EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP harket and the station is not exempt in Part 7, you must also compute a evision market any portion of your cable system is located in as defined Second 50 major television market for commercial VHF Grade B contour stations listed in block A, part 9 of iber group for the VHF Grade B contour stations that were classified as f none enter zero. al number of DSEs used to compute the surcharge. b using the formula outlined in block D, section 3 or 4 of part 7 of this ecceipts figures applicable to the particular group. You do not need to show SECOND SUBSCRIBER GROUP
Exclusivity Surcharge. Indicate which major tele 8.5 of FCC rules in effect on June 24, 1981: First 50 major television market DNS: ne 1, give the total DSEs by subscriber group to schedule. ne 2, give the total number of DSEs by subscri- mpt DSEs in block C, part 7 of this schedule. If ne 3, subtract line 2 from line 1. This is the total npute the surcharge for each subscriber group adule. In making this computation, use gross re- actual calculations on this form. FIRST SUBSCRIBER GROUP	evision market any portion of your cable system is located in as defined Second 50 major television market for commercial VHF Grade B contour stations listed in block A, part 9 of iber group for the VHF Grade B contour stations that were classified as f none enter zero. al number of DSEs used to compute the surcharge. o using the formula outlined in block D, section 3 or 4 of part 7 of this ecceipts figures applicable to the particular group. You do not need to show
DNS: ne 1, give the total DSEs by subscriber group is schedule. ne 2, give the total number of DSEs by subscri mpt DSEs in block C, part 7 of this schedule. If ne 3, subtract line 2 from line 1. This is the total npute the surcharge for each subscriber group adule. In making this computation, use gross re- actual calculations on this form. FIRST SUBSCRIBER GROUP	for commercial VHF Grade B contour stations listed in block A, part 9 of iber group for the VHF Grade B contour stations that were classified as f none enter zero. al number of DSEs used to compute the surcharge. o using the formula outlined in block D, section 3 or 4 of part 7 of this ecceipts figures applicable to the particular group. You do not need to show
ne 1, give the total DSEs by subscriber group ischedule. ne 2, give the total number of DSEs by subscrimpt DSEs in block C, part 7 of this schedule. If ne 3, subtract line 2 from line 1. This is the total npute the surcharge for each subscriber group adule. In making this computation, use gross re- actual calculations on this form. FIRST SUBSCRIBER GROUP	iber group for the VHF Grade B contour stations that were classified as f none enter zero. al number of DSEs used to compute the surcharge. o using the formula outlined in block D, section 3 or 4 of part 7 of this eccipts figures applicable to the particular group. You do not need to show
	SECOND SUBSCRIBER GROUP
r the VHF DSEs	
	Line 1: Enter the VHF DSEs
r the Exempt DSEs	Line 2: Enter the Exempt DSEs
ract line 2 from line 1 nter here. This is the number of DSEs for ubscriber group ct to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
D EXCLUSIVITY E Group	- computation
THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
r the VHF DSEs	Line 1: Enter the VHF DSEs
ract line 2 from line 1 nter here. This is the number of DSEs for ubscriber group ct to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
D EXCLUSIVITY E Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
D EXCLUSIVITY SURCHARGE: Add the surc above. Enter here and in block 4, line 2 of space	charge for each subscriber group as shown ce L (page 7)
	number of DSEs for ubscriber group ct to the surcharge utation

C	Cable Worksheet		Total amount of remittance	Number of SAs rec'd	Initials		
			Date of remittance	Check			
Cable ID #					Amount Initials		
Examined by	1	Reviewed by	Date examination completed	Allocation number			
Space A Accounting Period							
	Januar	y 1 - June 30, 2017]July 1 - December 31, 2017			
	Letter s	sent		Information received			
		ed	Phone call/Date/Contact				
Space B Owner							
	Letter s	sent		Information received			
		ed]Phone call/Date/Contact			
Space D Area Served							
	Letter s	sent	C	Information received			
		ed		Phone call/Date/Contact			
Space E Secondary Transission							
Service Subscribers:	Letter	sent	Ľ	□ Information received			
and Rates		ed		Phone call/Date/Contact			
Space G Primary Transmitters:							
Television	Letter s	sent	Ľ	Information received			
		ed		Phone call/Date/Contact			
Space H Primary Transmitters:							
Radio		ed		Phone call/Date/Contact			

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