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					
2-24-22	\$					
	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	2021/2								
Period									
Bowner	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								
	COXCOM,LLC								
				008011202	212				
				008011 2021	1/2				
				2021	1/2				
	6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR								
	ATLANTA, GEORIGA 30328								
С	INSTRUCTIONS: In line 1, give any business or trade names used to id names already appear in space B. In line 2, give the mailing address of								
		the system, if diffe	erent from the address giver	i iii space в.					
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)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and reli	st on page 1b					
Area	with all communities.								
Served	CITY OR TOWN STATE								
First HARRISON AR									
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in Sp	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
	Alliance	MD	В	2					
	Gering	MD	В	3					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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.

ORM SA3E. PAGE 10.								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
COXCOM,LLC			008011					
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 fillings.								
	-	=	t la a a a a	Served				
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be	reported in paren	theses					
below the identified city or town.								
If all communities receive the same complement of television broadcast stations (i.e., one	e channel line-up	for all), then eithe	associate					
all communities with the channel line-up "A" in the appropriate column below or leave the								
on a partially distant or partially permitted basis in the DSE Schedule, associate each rele								
designated by a number (based on your reporting from Part 9).	,	·	, ,					
	.it., bii.							
When reporting the carriage of television broadcast stations on a community-by-commun								
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and		p designated by a	number					
(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	elow.							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
		CITEINE OF	30D GIVE#	4				
HARRISON	AR			First				
BELLEFONTE	AR			Community				
BERGMAN	AR							
								
BOONE COUNTY	AR							
MARBLE FALLS	AR							
VALLEY SPRING	AR			See instructions for				
				additional information				
				on alphabetization.				

	†			Add rows as necessary.				
	1							
								
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	_							
								
								
								
								
	†							
				1				

······································

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM,LLC

SYSTEM ID#

008011

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOC	CK 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,442	\$25-\$50.00			
Service to additional set(s)		No Cost			
• FM radio (if separate rate)					
Motel, hotel	11	\$25-\$50.00			
Commercial	138	\$25-\$50.00			
Converter					
Residential	6,350	\$ 4.00			
Non-residential	1,198	\$ 4.00			
		1		1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	\$ 15.99	Motel, hotel		
 Pay cable—add'l channel 	10.00-32.00	Commercial		
Fire protection		Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	20-100.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect		
Converter		Disconnect		
		Outlet relocation	\$0-\$50.00	
		Move to new address	20.00-50.00	

FORM SA3E. PAGE 3.						T		
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
COXCOM,LLC					008011			
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
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 bas	sis, as explaine	d in the next	oaragraph.		•	Primary Transmitters:		
Substitute Basis S basis under specifc FC				carried by your o	able system on a substitute program	Television		
·				e Special Statem	ent and Program Log)—if the			
station was carried	•							
1	formation conc				tute basis and also on some other of the general instructions located			
· ·		sign. Do not r	eport originatior	n program service	s such as HBO, ESPN, etc. Identify			
			•	•	tion. For example, report multi-			
WETA-simulcast).	2". Simulcast	streams must	be reported in o	column 1 (list eac	h stream separately; for example			
, , , , , , , , , , , , , , , , , , ,	e channel numb	er the FCC h	as assigned to t	he television stat	ion for broadcasting over-the-air in			
•			annel 4 in Wash	ington, D.C. This	may be different from the channel			
on which your cable sy Column 3: Indicate			ation is a netwo	rk station, an inde	ependent station, or a noncommercial			
educational station, by	entering the le	tter "N" (for ne	etwork), "N-M" (f	or network multic	ast), "I" (for independent), "I-M"			
,	,		,.	,	ommercial educational multicast).			
For the meaning of the Column 4: If the sta					ne paper SA3 form. es". If not, enter "No". For an ex-			
planation of local servi	ce area, see pa	age (v) of the	general instructi	ons located in the	e paper SA3 form.			
			-	· ·	stating the basis on which your tering "LAC" if your cable system			
carried the distant stati		-		-				
					payment because it is the subject			
_				•	stem or an association representing ry transmitter, enter the designa-			
,			•	• .	her basis, enter "O." For a further			
explanation of these th	ree categories	, see page (v)	of the general i	nstructions locate	ed in the paper SA3 form. y to which the station is licensed by the			
					which the station is identifed.			
Note: If you are utilizin				•				
		CHANN	EL LINE-UP	AA				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)		<u> </u>		
KEMV-1	6.1	Е	No		MOUNTAIN VIEW, AR			
KEMV-2	6.2	E-M	No		MOUNTAIN VIEW, AR	See instructions for		
KEMV-3	6.3	E-M	No		MOUNTAIN VIEW, AR	additional information		
KEMV-4	6.4	E-M	No		MOUNTAIN VIEW, AR	on alphabetization.		
KOLR-1	10.1	N	No		SPRINGFIELD, MO			
KOZL-1	27.1	ı	No		SPRINGFIELD, MO			
KOZL-2	27.2	I-M	No		SPRINGFIELD, MO			
KOZL-3	27.3	I-M	No		SPRINGFIELD, MO			
KRBK-1	49.1	I	No		OSAGE BEACH, MO			
KRBK-3	49.3	I-M	No		OSAGE BEACH, MO]		
KTHV-1	11.1	N	Yes	0	LITTLE ROCK, AR			
KTKO-LP	1							
KTKO-LP 8.1 I No Harrison, AR KWBM-1 31.1 I No HARRISON, AR								
KYCW-1	24.1	i	No		BRANSON, MO			
KYCW-2	3.2	I-M	No		BRANSON, MO			
KYCW-3	3.3	I-M	No		BRANSON, MO	•		
KYCW-4	33.3	I-M	No		BRANSON, MO			
KYTV-1	3.1	N	No	<u> </u>	SPRINGFIELD, MO			

LEGAL NAME OF OV	VNER OF CARLE SY	/STEM:			SYSTEM ID#	
COXCOM,LLC		TOTEIVI.			008011	Name
PRIMARY TRANSMIT	TERS: TELEVISIO)N				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), substitute program b	e system during thations in effect or 76.61(e)(2) and (asis, as explaine	he accounting n June 24, 198 4), or 76.63 (red d in the next p	period, except (31, permitting the eferring to 76.61 paragraph.	(1) stations carrie e carriage of certa (e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections nd (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis under specific I Do not list the station station was carrie List the station here basis. For further in the paper SA3 Column 1: List exeach multicast stream cast stream as "WETA-simulcast). Column 2: Give to its community of lice on which your cable Column 3: Indicated additional station, I (for independent multicational station, I for independent multication,	CC rules, regular on here in space donly on a subset, and also in spatial information concomments. Call massociated with FA-2". Simulcast the channel numbers, For example system carried the tin each case to example system carried the ticast), "E" (for nonese terms, see particularly the distant statication on a part-tiles in each case where entered "You the distant statication on a part-tiles in the entered into ond a primary trans or simulcasts, also three categories he location of each	ations, or auth G—but do list titute basis. ace I, if the state rining substit sign. Do not read that he at the content of the station acceptable of the station. Whether the station. Whether the station. Whether the station. Whether the station acceptage (v) of the station on during the acceptage (v) of the station of the station. The station is seen that the station is seen in the station in the station is seen in the station in the station is seen in the station is seen in the station is seen in the station in the station is seen in the station in the station is seen in the station in the station in the station is seen in the station in the station in the station is seen in the station in the station in the station is seen in the station in the s	orizations: It it in space I (the tition was carried ute basis station eport origination cording to its ove be reported in c as assigned to t annel 4 in Wash ation is a networ etwork), "N-M" (fr educational), or e general instruct rice area, (i.e. "d general instruct 4, you must com accounting perior accounting perior assem that is not s ane 30, 2009, bet essociation repres you carried the c of the general in r U.S. stations, I	both on a substitute, see page (v) of a program service of the air designate column 1 (list each the television statistington, D.C. This result in the station, an independent of the television statistington, D.C. This result in the station, and independent of the station, and independent of the station of	ent and Program Log)—if the ute basis and also on some other f the general instructions located is such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial east), "i" (for independent), "i-M" immercial educational multicast). he paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. To payment because it is the subject term or an association representing ty transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the	Television
Note: If you are utiliz				•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AA (2)		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KYTV-2	33.1	N-M	No		SPRINGFIELD, MO	
KYTV-4	3.4	I-M	No		SPRINGFIELD, MO	
K26GS-D	26.9		No		Harrison, AR	

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 008011 COXCOM,LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

TORWOASE, FAGE 5.						ACCOUNTING	11 LINIOD. 2021/2	
LEGAL NAME OF OWNER OF COXCOM,LLC	CABLE SYST	ЕМ:			S	008011	Name	
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOC	i				
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute	
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:	
 During the accounting per 	iod, did you	ır cable system	carry, on a substitute bas	is, any nonne	etwork television program	า	Special Statement and	
broadcast by a distant station? Yes X No Note: If your answer is "Yes," you must complete the program								
log in block 2.	,		,	, ,	1 1 3			
2. LOG OF SUBSTITUTE	PROGRA	MS						
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required								
to delete under FCC rules a gram was substituted for pr								
effect on October 19, 1976.			·		Ŭ			
						1		
9	LIBSTITLIT	E PROGRAM	1		EN SUBSTITUTE BIAGE OCCURRED	7. REASON		
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION		
								
	 							
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

								SYSTEM ID#		
Name	COXCOM,LL	_C						008011		
	DADT_TIME CA	ADDIAGE LOC								
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."									
			DATE:	S AND HOURS (OF PART-TIME	CARRIAGE				
	CALL SIGN	WHEN	N CARRIAGE OCCU HOU		CALL SI	GN WF	IEN CARRIAGE OCCI HOU			
		DATE	FROM	TO		DATE	FROM	TO		
			_				_			
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	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	XCOM,LLC	008011	Name					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)								
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 950,156.35 (Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.								
	ort 6 of the DSE schedule was completed, the amount from line 7 of block C should be en slow.	tered on line 2 in block						
	art 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.	is 1.064 percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 950,156.35						
	This is your minimum fee.	\$ 10,109.66						
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 X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column televisions.	4, you must check						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 2,527.42						
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	\$ 2,527.42						
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	\$ 10,109.66	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact					
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 10,834.66	appropriate form for submitting the additional fees.					
	EFT Trace # or TRANSACTION ID #							
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Some general instructions located in the paper SA3 form and the Excel instructions tall							

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	COXCOM,LLC	008011							
	CHANNELS								
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations								
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels									
	Enter the total number of channels on which the cable	21							
	system carried television broadcast stations								
	2. Enter the total number of activated channels								
	Enter the total number of activated channels on which the cable system carried television broadcast stations								
	and nonbroadcast services	679							
	and nonbrededed convices								
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
	we can contact about this statement of account.)								
Individual to									
Be Contacted									
for Further Information	Name Kristin Von Schuch Telephone (404) 269	J-U827							
illioilliation									
	Address 6205B PEACHTREE DUNWOODY ROAD - 21 FLOOR								
	(Number, street, rural route, apartment, or suite number)								
	ATLANTA, GEORIGA 30328 (City, town, state, zip)								
	(City, town, state, zip)								
	Email kristin.vonschuch@cox.com Fax (optional) N/A								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
0									
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Ourse other these company to a produce of the college of the coll								
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as ider in line 1 of space B and that the owner is not a corporation or partnership; or	itified							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable in line 1 of space B.	e system							
	in the 1 di space B.								
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein								
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
	/s/ Sanford Mencher								
	A								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.								
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and putton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting								
	200001, alon type to all you mailed it botton this arole ordening extensive college								
	Typed or printed name: Sanford Mencher								
	Title: SVP, Finance and Accounting								
	(Title of official position held in corporation or partnership)								
	Date: February 16, 2022								

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.

COXCOM,LLC	OF CABLE SYSTEM:	SYSTEM ID# 008011	Name
The Satellite Home lowing sentence: "In determin service of pr scribers and	EMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copy ing the total number of subscribers and the gross amounts paid to the ca roviding secondary transmissions of primary broadcast transmitters, the amounts collected from subscribers receiving secondary transmissions on on when to exclude these amounts, see the note on page (vii) of the gross amounts.	right Act by adding the fol- able system for the basic system shall not include sub- pursuant to section 119."	Special Statement Concerning Gross Receipts
paper SA3 form. During the accounti made by satellite ca	ng period did the cable system exclude any amounts of gross receipts for arriers to satellite dish owners? total here and list the satellite carrier(s) below		Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST ASS You must complete	ESSMENTS this worksheet for those royalty payments submitted as a result of a late	e pavment or underpavment.	
For an explanation	of interest assessment, see page (viii) of the general instructions in the p		Interest Assessment
Line 2 Multiply line	e 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line	2 by the number of days late and enter the sum here	x 0.00274	
. ,	e 3 by 0.00274** enter here and on line 3, block 4, ace L, (page 7)	\$ - (interest charge)	
	terest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For censing Division at (202) 707-8150 or licensing@copyright.gov.	For further assistance please	
	cimal equivalent of 1/365, which is the interest assessment for one day		
•	ing this worksheet covering a statement of account already submitted to e owner, address, first community served, accounting period, and ID nur	., ,	
Owner Address			
First community ser Accounting period ID number	ved		

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

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE, PAGE						YSTEM ID#					
1											
<u></u> "	COXCOM,LLC					008011					
	SUM OF DSEs OF CATEGOR	Y "O" STATION	IS:								
	Add the DSEs of each station										
	Enter the sum here and in line	0.25									
			<u> </u>								
	Instructions:	Ni 17 -	-:	:	- I-H #O" iI F						
	In the column headed "Call S	olgn": list the call	i signs of all distant stations	identified by the	e letter "O" in column 5						
Computation	of space G (page 3). In the column headed "DSE"	for each indepe	endent station, give the DSF	as "1 0"· for e	ach network or noncom-						
	mercial educational station, giv			. 40 1.0 , 101 0.	don notwork of noncom						
Category "O"			CATEGORY "O" STATIO	NS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KTHV-1	0.250									
		0.200									
				<mark></mark>							
				<mark></mark>		<mark></mark>					
Add rows as				<u> </u>							
necessary.											
Remember to copy all											
formula into new											
rows.											
10113.											
				<u> </u>							
											
											
				<mark></mark>		<mark></mark>					
				<u> </u>							
				<u> </u>		<u></u>					

				<u> </u>							
											
				-							
				<mark></mark>		<u></u>					
				<u> </u>							
				<u> </u>							
						-					
				-							
		<u> </u>		L							

	LEGAL NAME OF C	WNER OF CABLE SYSTEM:					;	SYSTEM ID#
Name	COXCOM,LL	.C						008011
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v Column 6	st the call sign of all distant: For each station, give the correspond with the inform: For each station, give the Divide the figure in colurnat least to the third decime: For each independent station.	e number of hation given in the total number on 2 by the figure al point. This eation, give the umn 4 by the f	nours your cable system a space J. Calculate only or of hours that the static gure in column 3, and gi is the "basis of carriage e "type-value" as "1.0." F	carried the station of the control o	n during the accounting on during the station. the air during the accounting or the air during the accounting or noncommercial education. The column 6. Round to no less that the air during the account of the accounting of the accou	nting period. If figure must station, It is than the	
Capacity		(CATEGOR	Y LAC STATIONS:	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE VALU	E	SE
			÷		=	x x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x x	= =	
			÷		=	x	=	
			÷	:		x	=	
	Add the DSEs	OF CATEGORY LAC ST of each station. m here and in line 2 of pa		nedule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in space I). Column 2: I at your option. Column 3: I Column 4: I	e the call sign of each star by your system in substit ct on October 19, 1976 (a ne or more live, nonnetwor For each station give the r This figure should corresp Enter the number of days Divide the figure in column This is the station's DSE (i	ution for a pross shown by the programs do number of live bond with the in the calendar 2 by the figu	gram that your system on the letter "P" in column 7 uring that optional carriage, nonnetwork programs information in space I. The programs is ar year: 365, except in a re in column 3, and give	was permitted to coof space I); and ge (as shown by the carried in substitute leap year.	delete under FCC rules at e word "Yes" in column 2 cution for programs that word to no less	of ere deleted than the third).
		SU	IBSTITUTE	-BASIS STATION	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷	=
		÷		=			÷	=
		÷		=			÷	=
		÷					: -	=
	Add the DSEs	OF SUBSTITUTE-BASIS	S STATIONS:		▶	0.00		
5		ER OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule a	and add them to provide t	he total	
Total Number	1. Number	of DSEs from part 2 ●				<u> </u>	0.25	
of DSEs	2. Number	of DSEs from part 3 ●			!	·	0.00	
	3. Number	of DSEs from part 4 ●				-	0.00	
	TOTAL NUMBE	R OF DSEs						0.25

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/2

LEGAL NAME OF C	WNER OF CABLE S	SYSTEM:					S	YSTEM ID# 008011	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of pa	•	of the DSE schedu	ule blank and	complete part	8, (page 16) of the		6
,	, ,			TELEVISION MA	ARKETS				Computation of
effect on June 24,	1981?	schedule—D	•	er markets as defin LETE THE REMAIN			C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	FCC rules and re	gulations prid e DSE Sched	or to June 25, 1 dule. (Note: The	981. For further ex eletter M below ref	planation of p	permitted statio	m was permitted to ns, see the stream as set forth	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station previous	les and reguled pursuant to on as defined all educational station (76.6 r DSE scheduant to individuationally carrie	ations cited be to the FCC mark in 76.5(kk) (76 al station [76.59 65) (see paragrule). It was a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on 57, 76.59(b), (1), 76.63(a) 8(a) referring stitution of gra	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] and fathered state 25, 1981	6.63(a) referring to		
Column 3:		stations ider	ntified by the le	T			rksheet on page 14	∤ of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KTHV-1	D	0.25							
								0.25	
		<u> </u>	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of l	DSEs from բ	part 5 of this s	chedule				0.25	
Line 2: Enter the	sum of permitted	d DSEs from	n block B abov	/e				0.25	
				of DSEs subject t of this schedule		ate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	nge 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter sur	n here				X		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line :	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 and	d enter here	and on line 2	, block 3, space L	_ (page 7)			0.00	

ACCOUNTING PERIOD: 2021/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM,LLC SYSTEM ID# 008011										
1. CALL	2. PERMITTED	BLOCK 3. DSE	1. CALL	2. PERMITTED		1. CALL	2. PERMITTED	3. DSE	6	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation of	
									3.75 Fee	
					<u> </u>					
						<u> </u>				

Name	COXCOM,LLC	IER OF CABLE S	SYSTEM:					S	908011			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the of Column 2: Indicate of Column 3: Indicate of Column 4: Indicate of (Note that the FO A—Part-time spin B—Late-night prin S—Substitute car Column 5: Indicate of Column 6: Compare	r to June 25, 19 call sign for each the DSE for this the accounting the basis of car CC rules and recialty program (76.59(d)(1),76.6 og/40(e)(3)). The account of the station's DSE the DSE figure block B, column of the station of the station's DSE the DSE figure block B, column of the station of the station's DSE the DSE figure block B, column of the station of the station's DSE the DSE figure block B, column of the station	981, under former h distant station ids station for a sing period and year in riage on which the egulations cited belming: Carriage, or 61(e)(1), or 76.63 carriage under FCC ertain FCC rules, rions in the paper SE for the current are slisted in column in 3 of part 6 for this	FCC rules gover entifed by the left accounting per which the carriate station was carrow pertain to the apart-time base freferring to 76.6 rules, sections accounting periods 2 and 5 and lists station.	dentifed by the letter "F" rning part-time and substiter "F" in column 2 of particle, occurring between age and DSE occurred (pried by listing one of the ose in effect on June 24 is, of specialty program (1(e)(1)). 76.59(d)(3), 76.61(e)(3), athorizations. For further das computed in parts at the smaller of the two be accurate and is subjective.	stitute carriag art 6 of the D January 1, 1 e.g., 1981/1). following let , 1981.) ming under F or 76.63 (ref explanation, 2, 3, and 4 of figures here.	e.) SE schedule. 978 and June 3 ters: CC rules, section ferring to see page (vi) of this schedule. This figure sho	ons of the				
		DEDIVIT	ED DOE EOD OF	TIONS OADDI		ND OUDOTIE	FUET DA 010					
	1. CALL SIGN	PERMITT 2. PRIO DSE	R 3. AC	ATIONS CARRIE COUNTING ERIOD	ED ON A PART-TIME A 4. BASIS OF CARRIAGE	5. P	RESENT DSE	6. PI	ERMITTED DSE			
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.											
Syndicated			BLOC	K A: MAJOR	TELEVISION MAR	KET						
Exclusivity Surcharge	Is any portion of the c Yes—Complete	-	•	r television mark	et as defned by section a		ıles in effect Jur	ne 24, 198	31?			
	BLOCK B: C	arriage of VHF	/Grade B Contour	Stations	BLO	CK C: Comp	utation of Exem	pt DSEs				
	Is any station listed in commercial VHF station in part, over the cal	block B of part	6 the primary stre	am of a	Was any station listenty served by the cato former FCC rule 7	ble system p	•	•				
	Yes—List each st		its appropriate perm art 8.	nitted DSE	Yes—List each X No—Enter zero		vith its appropriat o part 8.	te permitte	d DSE			
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIG	GN	DSE			
			TOTAL DSEs	0.00			TOTAL DS	Es	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: COXCOM,LLC	SYSTEM ID# 008011	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	950,156.35	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? \(\text{Y} \) Yes—Complete part 9 of this schedule. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	≣	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ <u>\$</u>		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. 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 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		

Name		ME OF OWNER OF CABLE SYSTEM: COXCOM,LLC 008						
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. 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. 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.						
8 Computation of Base Rate Fee	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ack A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below as a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers boated within that station's local service area and others were located outside that area. For the definition of a station's "local earea," 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.						
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	\dashv					
	1	Enter the amount of gross receipts from space K (page 7)						
	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.)						
	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). \$ 2,527.42 B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ \$ 6,660.60						
		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. **Temperature** *						
		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	12					

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/2

	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
coxc	COM,LLC	008011	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
_	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) ► \$		
	B. Enter 0.00701 of gross receipts		• • • •
	(the amount in section 1) \$		Computation of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	_	
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) • \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	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	
	Dase Nate Lee		
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	est signals shall	
	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel		9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	dvantage of this	of
exclusion	on, you must.		Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for the control of the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
		aart 7 van must	for Partially
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		Distant Stations, and for Partially
How to	Identify a Subscriber Group for Partially Distant Stations		Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant sta to that community.	iion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	em's subscriber	
groups. In each	section:		
	y the communities/areas represented by each subscriber group.		
• Give t	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to albers in the group.	I of the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it is schedule; or,	n parts 2, 3, and	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	olock B,	
• Add th	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 in paper SA3 form.	nstructions	
• Comp page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the protection of the group's complement of stations and total gross receipts from the subscribers in that group). You do not necessal culations on the form.	at is, the total	

LEGAL NAME OF OWNE	K OF CABLE	= 5Y51EM:				•	008011	Name
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EACI	H SUBSCRI	BER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
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								Surcharg
								for
								Partially Distant
		<u> </u>						Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	Gross Receipts Second Group \$				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
•	•				•			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			criber group a	s shown in the boxes a	bove.		2.22	
inter here and in block	(3, line 1, s	pace L (page 7)				\$	0.00	

LEGAL NAME OF OWNER COXCOM,LLC	R OF CABLE	E SYSTEM:	p c			\$	008011	Name
E				TE FEES FOR EAC				
	FIRST	SUBSCRIBER GRO			JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
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Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Second Group \$ 0.00			0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u>II</u>				

ACCOUNTING PERIOD: 2021/2

FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COXCOM,LLC 008011 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of Base Rate Fee INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this **Partially** Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown