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 rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the the entire acc	es of the cable system on the last day of the unting period.	m. e accounting period should su		008022		
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	COXCOM,LLC						
				008022	220212		
				008022	2021/2		
				***************************************	2021/2		
	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 c	J.		
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and reli	st on page	1b		
Area	with all communities.						
Served	CITY OR TOWN	STATE					
First	SPRINGDALE	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.

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 008022 COXCOM.LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **SPRINGDALE** 1 AR AA First **AVOCA** AR AA Community **BEAVER LAKE** AR AA 1 **BELLA VISTA AR** AA 1 **BENTON COUNTY** AR AA 1 **BENTONVILLE** AR AA 1 See instructions for **BETHEL HEIGHTS** AR AA 1 additional information on alphabetization. 1 CENTERTON AR AA **CRAWFORD COUNTY** AR AA 1 **DECATUR** AR AB 2 **ELKINS** AR AA 1 Add rows as necessary. **ELM SPRINGS** AR AA 1 **FARMINGTON** 1 AR AA 1 **FAYETTEVILLE** AR AA **GENTRY** AB 2 **AR GOSHEN** AR AA 1 **GRAVETTE** AR AA 1 **GREENLAND** AR AA 1 **JOHNSON** AR AA 1 LINCOLN AR AA 1 LITTLE FLOCK AR AA 1 LOWELL AR AA **PEA RIDGE** AR AA 1 **PRAIRIE GROVE** AR 1 AA **ROGERS** AR AA 1 **ROGERS (NORTH)** AR AA 1 **SILOAM SPRINGS** AR AB 2 **SONORA** AR AA 1 **TONTITOWN AR** AA 1 **WASHINGTON COUNTY** AR AA 1 **WEST FORK** AR 1 AA **WINSLOW** AR AA

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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM,LLC

SYSTEM ID#

008022

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	20,879	\$25-\$50.00			
Service to additional set(s)	2	No Cost			
 FM radio (if separate rate) 					
Motel, hotel	88	\$25-\$50.00			
Commercial	3,015	\$25-\$50.00			
Converter					
Residential	76,444	\$ 4.00			
Non-residential	15,191	\$ 4.00			
		l			

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	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 008022 COXCOM.LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 2. B'CAST 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) KAFT-1 13.1 Ε No **FAYETTEVILLE, AR** KAFT-2 No **FAYETTEVILLE, AR** 13.2 E-M See instructions for KAFT-3 13.3 E-M **FAYETTEVILLE, AR** additional information No n alphabetization. KAFT-4 13.4 E-M No **FAYETTEVILLE. AR** KEGW-1 33.1 No SILOAM SPRINGS, AR ı KFSM-1 5.1 Ν No FORT SMITH, AR KFSM-2 5.2 I-M No FORT SMITH, AR KFSM-3 5.3 I-M No FORT SMITH, AR KFTA-1 24.1 No ı FORT SMITH, AR KFTA-3 24.3 I-M No FORT SMITH, AR KFTA-4 24.4 I-M No FORT SMITH, AR KHOG-1 Ν 29.1 No **FAYETTEVILLE, AR** KHOG-2 I-M 29.2 No **FAYETTEVILLE, AR** KHOG-3 29.3 I-M No **FAYETTEVILLE. AR** KNWA-1 51.1 Ν No ROGERS, AR KNWA-3 I-M ROGERS, AR 51.3 No KNWA-4 I-M No ROGERS, AR 51.4 KPBI-CD 31.1 ī WINSLOW, AR No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 008022 COXCOM.LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) KTUL-1 8.1 No TULSA, OK N KTUL-2 8.2 I-M No **TULSA, OK** See instructions for KWNL-1 14.1 BENTONVILLE, AR additional information ı No n alphabetization. KWOG-1 SPRINGDALE, AR 57.1 I No KXNW-1 34.1 No **EUREKA SPRINGS, AR** ı KXNW-2 34.2 I-M No **EUREKA SPRINGS, AR** K28NT-D-1 48.1 ı No Rogers, AR K28NT-D-2 I-M 48.2 No Rogers, AR

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM,LLC

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	_
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
KAFT-1	13.1	Е	No		FAYETTEVILLE, AR
KAFT-2	13.2	E-M	No		FAYETTEVILLE, AR
KAFT-3	13.3	E-M	No		FAYETTEVILLE, AR
KAFT-4	13.4	E-M	No		FAYETTEVILLE, AR
KEGW-1	33.1	I	No		SILOAM SPRINGS, AR
KETA-2	13.2	E-M	Yes	0	OKLAHOMA CITY, OK
KFSM-1	5.1	N	No		FORT SMITH, AR
KFSM-2	5.2	I-M	No		FORT SMITH, AR
KFSM-3	5.3	I-M			FORT SMITH, AR
KFTA-1	24.1	I	No		FORT SMITH, AR
KFTA-3	24.3	I-M	No		FORT SMITH, AR
KFTA-4	24.4	I-M	No		FORT SMITH, AR
KHOG-1	29.1	N	No		FAYETTEVILLE, AR
KHOG-2	29.2	I-M	No		FAYETTEVILLE, AR
KHOG-3	29.3	I-M	No		FAYETTEVILLE, AR
KNWA-1	51.1	N	No		ROGERS, AR
KNWA-3	51.3	I-M	No		ROGERS, AR
KNWA-4	51.4	I-M	No		ROGERS, AR

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM,LLC

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

,	· .	• '	•	•	'					
	CHANNEL LINE-UP AB (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					
KOED-1	11.1	Е	No		TULSA, OK					
KOTV-1	6.1	N	No		TULSA, OK					
KPBI-CD	31.1	I	No		WINSLOW, AR					
KTUL-1	8.1	N	No		TULSA, OK					
KTUL-2	8.2	I-M	No		TULSA, OK					
KWNL-1	14.1	I	No		BENTONVILLE, AR					
KWOG-1	57.1	I	No		SPRINGDALE, AR					
KXNW-1	34.1	I	No		EUREKA SPRINGS, AR					
KXNW-2	34.2	I-M	No		EUREKA SPRINGS, AR					
K28NT-D	48.1	I	No		Rogers, AR					
K28NT-D2	48.2	I-M	No		Rogers, AR					

G

Primary Transmitters: Television

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 008022 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

FURM SA3E. PAGE 5.						ACCOUNTING	1 PERIOD: 2021/2
LEGAL NAME OF OWNER OF COXCOM,LLC	CABLE SYST	EM:			\$	008022	Name
SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEMEN	NT AND PROGRAM LOG	;			
In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT	ccounting pening that must	eriod, under spe st be included i	ecific present and former FC n this log, see page (v) of th	C rules, regu	lations, or authorizations.	For a further	Substitute Carriage: Special
hand do not buy a distant station (1							Statement and Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the more	titute progra ce, please of every no distant stat gulations, c tion. Do no Lucy" or "NE n was broad sign of the adcast static addian static ath and day	am on a separa attach addition nnetwork telev ion and that yo or authorization of use general of BA Basketball: dcast live, ente station broadca on's location (the ons, if any, the	al pages. ision program (substitute pour cable system substitute is. See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the	rogram) that d for the program eral instructi "basketball" lo." m. station is lice station is ide	, during the accounting gramming of another sta ons located in the paper . List specific program ensed by the FCC or, in ntified).	tion	
to the nearest five minutes. stated as "6:00–6:30 p.m."	es when the Example: a er "R" if the and regulati ogramming	a program carri listed program ons in effect du	was substituted for progra	15 p.m. to 6:2 imming that y l; enter the le under FCC	28:30 p.m. should be your system was require tter "P" if the listed pro	d	
S	UBSTITUT	E PROGRAM	1		IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
					<u> </u>		

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM,LLC SYSTEM ID# 008022								
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."								
			DATE	S AND HOURS	OF F	PART-TIME CAR	RIAGE		
	0411 01011	WHEN	N CARRIAGE OCC	URRED		0411 01011	WHEN	N CARRIAGE O	CCURRED
	CALL SIGN	DATE	HOU FROM	IRS TO		CALL SIGN	DATE	H FROM	OURS TO
		DATE	- TAOWI				DATE	TROW	-
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			_	•					
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	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	DXCOM,LLC	008022	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. PORTANT: You must complete a statement in space P concerning gross receipts.	\$ 11,105,003.87 (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.							
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entere elow.	ed on line 2 in block					
▶ If pa	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be block 4 below.	e entered on line					
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are least the minimum fee, regardless of whether they carried any distant stations. This fee is 1 system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064						
	Enter the result here. This is your minimum fee.	118,157.24					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, "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 complete the DSE schedule.	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	\$ 27,383.51					
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	27,383.51					
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.	\$ 118,157.24	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. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	0.00	submitting additional deposits under Section 111(d)(7)				
	(Interest Worksheet)	0.00	should contact the Licensing				
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	118,882.24	form for submitting the additional fees.				
	EFT Trace # or TRANSACTION ID #						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See pageneral instructions located in the paper SA3 form and the Excel instructions tab for	,					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM,LLC	SYSTEM ID# 008022								
	CHANNELS	000022								
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 system carried television broadcast stations	29								
	Enter the total number of activated channels on which the cable system carried television broadcast stations	682								
	and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name Kristin Von Schuch Telephone (404)	269-0827								
	Address 6205B PEACHTREE DUNWOODY ROAD - 21 FLOOR (Number, street, rural route, apartment, or suite number)									
	ATLANTA, GEORIGA 30328 (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.)								
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed 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 a in line 1 of space B and that the owner is not a corporation or partnership; or	s identified								
	(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 in line 1 of space B.	cable system								
	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									
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility s									
	Typed or printed name: Sanford Mencher	v								
	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 suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Manage
COXCOM,LLC	008022	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 in 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 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	e basic nclude sub- on 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	rpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistar contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	nce please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offe 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		

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.

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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

Santa Rosa	Stations A an 35 mile zor	-
Rapid City	Bodega Bay	- Vanc
\ an	ns B, D, nd E le zone	,

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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

		\$0,304.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

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

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

DOL SCHLDULL, FAGI						
1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#
I	COXCOM,LLC					008022
	SUM OF DSEs OF CATEGOR	Y "O" STATION	IS:			
	Add the DSEs of each station.					
	Enter the sum here and in line		schedule.		0.25	
						<u> </u>
2	Instructions: In the column headed "Call S	ian": list the call	signs of all distant station	se identified by the	letter "O" in column 5	
	of space G (page 3).	igii . list tile call	signs of all distant station	is identified by the	e letter O ili columni 3	
Computation	In the column headed "DSE":	for each indepe	ndent station, give the DS	SE as "1.0"; for ea	ach network or noncom-	
of DSEs for	mercial educational station, give	e the DSE as ".2	5."			
Category "O"			CATEGORY "O" STATI	ONS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KETA-2	0.250				
Add rows as						
necessary.		 		·····		
Remember to copy all		<u> </u>		·····		
formula into new						
rows.						
				·····		
				·····		
		 		·····		
		<u> </u>				

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						SYSTEM ID#
Name	COXCOM,LL	.C						008022
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	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 colur at least to the third decime: For each independent station.	e number of hation given in e total number on 2 by the fig al point. This tation, give the umn 4 by the figures.	nours your cable system in space J. Calculate only or of hours that the static gure in column 3, and git is the "basis of carriage e "type-value" as "1.0." F	carried the station of one DSE for each on broadcast over we the result in de value" for the state For each network of	n during the accounting th station. the air during the accounting the air during the accountinals in column 4. Thi tion. or noncommercial eduction of the column 6. Round to no lead	inting period. In figure must ational station, The sess than the	
Capacity		C	CATEGOR	Y LAC STATIONS:	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	RS D BY 1	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	E VALU	JE	SE
			÷		=	x x	=	
			÷			x		
			÷		=	x	=	
			÷		=	X X	=	
			÷		=	x	=	
			÷		=	x	=	
	Add the DSEs	OF CATEGORY LAC ST of each station. Im here and in line 2 of pa		nedule,		0.0	0	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference because of the space	e the call sign of each stat by your system in substituct on October 19, 1976 (a one or more live, nonnetwore for each station give the rathest figure should corresponder 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 figure.	ogram that your system on the letter "P" in column 7 uring that optional carrials, nonnetwork programs information in space I. ar year: 365, except in a tre in column 3, and give	was permitted to coof space I); and ge (as shown by the carried in substitute leap year.	lelete under FCC rules e word "Yes" in column 2 tition for programs that w	of vere deleted than the third	ı).
		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:	:	▶	0.0	0	
5		ER OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule a	and add them to provide	the total	
Total Number	1. Number	of DSEs from part 2 ●				·	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

	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#	Al a.u.a.
COXCOM,LLC	;							008022	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	ıle blank and	complete part	8, (page 16) of the		6
	, I			TELEVISION MA	ARKETS				Computation of
effect on June 24, Yes—Com	1981?	schedule—D0	,	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	of distant sta gulations pric le DSE Scheo	ations listed in porto June 25, 1	part 2, 3, and 4 of the 981. For further ex eletter M below ref	nis schedule t planation of p	that your syster permitted statio	ns, see the	•	
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	eles and reguled pursuant to on as defined al educationa d station (76.6 r DSE schedu ant to individu viously carried IHF station wi	ations cited be to the FCC mark in 76.5(kk) (76.1 station [76.59 is) (see paragrule). It was a part-time thin grade-B co	e or substitute basis 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 61(e)(1) tions in the		
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet 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	
KETA-2	M	0.25							
	•	<u> </u>	···	•	······	•			
								0.25	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of l	DSEs from p	part 5 of this s	chedule					
Line 2: Enter the	sum of permitted	d DSEs from	ı block B abov	/e					
				of DSEs subject t of this schedule)		ate.			
Line 4: Enter gro	ss receipts from	space K (pa	ige 7)						Do any of the
							x 0.03	375	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 I	(page 7)			0.00	

ACCOUNTING PERIOD: 2021/2

	NAME OF O	WNER OF CABLE	SYSTEM:					S	YSTEM ID# 008022	Name	
	BLOCK A: TELEVISION MARKETS (CONTINUED) 1. CALL										
5	SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation of	
										3.75 Fee	
							<u> </u>				
						<u> </u>					
									······································		

Name	COXCOM,LLC	ER OF CABLE S	SYSTEM:						S	008022
Worksheet for Computating the DSE Schedule for Permitted 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:									
		PERMITT	ED DSE FOR ST	ATIONS CARRII	ED (ON A PART-TIME ANI	O SUBSTIT	UTE BASIS		
	1. CALL SIGN	2. PRIO DSE		COUNTING PERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
	SIGN	DSE		PERIOD		CARRIAGE	L	73E		DSE
7 Computation of the	Instructions: Block A In block A: If your answer is ' If your answer is '	"Yes," complete	e blocks B and C,		art 8	8 of the DSE schedule				
Syndicated			BLO	CK A: MAJOR	ΤE	LEVISION MARKE	T			
Exclusivity Surcharge	Is any portion of the c Yes—Complete	-	•	or television mark	et a	s defned by section 76. X No—Proceed to		les in effect Jur	ne 24, 19	81?
	BI OCK B: C	arriage of VHE	/Grade B Contou	Stations		BI OCK	C: Compu	tation of Exem	int DSEs	
	Is any station listed in commercial VHF static or in part, over the cab	block B of part on that places a	6 the primary str	eam of a	r	Was any station listed in hity served by the cable to former FCC rule 76.	in block B c e system pr	of part 7 carried	d in any o	ommu-
	Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8.									ed DSE
	CALL SIGN DSE CALL SIGN DSE CALL SIGN D								DSE	
		 								
		<u> </u>	TOTAL DSEs	0.00				TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: COXCOM,LLC SYSTEM ID# 008022	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	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 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? \(\text{Y} \) 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)	
	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) ▶ \$	
	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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Numo	(COXCOM,LLC	008022
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
		Syndicated Exclusivity Surcharge.	······························
	Instruc	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pa	art
		checked "Yes," use the total number of DSEs from part 5.	
Computation		ick A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	_	r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo	ow .
Base Rate Fee	blank		
		s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	ı
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loca e area," see page (v) of the general instructions.	ll
		y area, coo page (1) or are general mediantes.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	[X Yes—Complete part 9 of this schedule. 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)	
	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.)	
		ass the seal number of Belle from part of).	
	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) ▶	
		(allo alloant iii cocacii 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	0.00

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

	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 008022	Name
OOA	70M,220		
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		0
	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) ▶ \$	<u></u>	
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of
	C. Multiply line B by 3.000 and enter here \$		Base Rate Fee
		_	
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
	(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		
	1. Multiply line b by line L and office field		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	ıst signals shall	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	el 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		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
CXGIGGI	on, you must.		Base Rate Fee and
	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		Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for		Exclusivity
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in mpute 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.		Partially 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.	tion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that st ne token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. 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.		
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	em's subscriber	
groups In each	section:		
	fy the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a bers 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	
2) any	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 t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general apper SA3 form.	nstructions	
• Comp page. DSEs f	bute 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 or that 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	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
	COXCOM,LLC	008022
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	•
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	
	dationing of all acceptation oppositions and printerly dationings.	

LEGAL NAME OF OWNE	R OF CABLI	E SYSTEM:				S	YSTEM ID# 008022	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	Р	
COMMUNITY/ AREA Decatur, Gentry & Siloam Springs			COMMUNITY/ AREA				9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN KETA-2	DSE 0.25	CALL SIGN	DSE	of Base Rate Fee
				RETA-2	0.25			and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs 0.25			-	
Gross Receipts First G	roup	\$ 810	,450.89	Gross Receipts Secon	d Group	\$ 10,2	94,552.98	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	27,383.51	
THIRD SUBSCRIBER GROUP								
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourth Group \$ 0.00			0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$ 0.0		0.00			
Base Rate Fee: Add th	ne hasa rat	e fees for each subscri	her aroup o	s shown in the boxes abo	ove			
Enter here and in block			g. sup u	s.c boxee ab		\$	27,383.51	

LEGAL NAME OF OWNE	R OF CABLE	E SYSTEM:				S	008022	Name
				TE FEES FOR EACH				
FIRST SUBSCRIBER GROUP						SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA Decatur, Gentry & Siloam Spring			COMMUNITY/ AREA	SUBGROUP 1			Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
	···				. 			Stations
								Otations
			···		<u> </u>			
					1			
Total DSEs			0.00	Total DSEs				
Gross Receipts First G	roup	\$ 810	,450.89	Gross Receipts Second Group \$ 10,294,552.98				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
	···				. 			
	····		···					
					<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group		\$ 0.00			
			riber group a	s shown in the boxes ab	oove.		0.00	
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

ACCOUNTING PERIOD: 2021/2

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COXCOM,LLC 008022 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

C	Cal Wol	ble rksheet	Total amount of remittance	Nu	mber of SAs rec'd	lı	nitials	
			Date of remittance	_ □Check	□EFT	□FILING	G FEES	
Cable ID #						Amount	Initials	
Examined by	Reviewed by		Date examination completed	Allocation number				
Space A Accounting Period								
	□Janua	ry 1 - June 30, 2017	Г]July 1 - Decem	ber 31, 2017			
	□Letter	sent	С	☐Information re	ceived			
	□Accep	ted	☐ Phone call/Date/Contact					
Space B Owner								
	□Letter	sent	☐Information received					
	□Accep	ted	Г	Phone call/Dat	e/Contact			
Space D Area Served								
	□Letter	sent	С	☐Information re	ceived			
	□Accep	ted	С	Phone call/Dat	e/Contact			
Space E Secondary Transission								
Service Subscribers:	□Letter	sent		☐ Information received				
and Rates	□Accep	ted		☐ Phone call/Date/Contact				
Space G Primary Transmitters:								
Television	□Letter	sent]	☐Information re	eceived			
	□Accep	ted		Phone call/Dat	re/Contact			
Space H Primary Transmitters:								
Radio	□Accep	ted	[☐Phone call/Dat	te/Contact			

		Space I Substitute Carriage
Letter sent	☐Information received	
Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐Information received	(SA3 only)
□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 Fees
☐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	