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

SA3E Long Form

Return completed workbook by email to:

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			

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 Period	2021/2							
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 filling. If not, enter the system's ID number assigned by the Licensing Division. 007323 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM COXCOM, LLC							
	6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR ATLANTA, GEORIGA 30328							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM: (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 Community	PARMA	ОН						
,	Below is a sample for reporting communities if you report multiple cha	innel line-ups in Sp STATE	ch LINE UP	SUB GRP#				
Committee	Alda	MD	A A	1 1				
Sample	Alliance	MD	В	2				
	Gering	MD	В	3				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
COXCOM, LLC			007323			
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town.	e parks should be	reported in paren	theses			
If all communities receive the same complement of television broadcast stations (i.e., one 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 reledesignated by a number (based on your reporting from Part 9).	column blank. If	you report any sta	tions			
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#			
PARMA	ОН			First		
BEREA	OH			Community		
BROADVIEW HEIGHTS	OH					
BROOKLYN HEIGHTS	OH					
FAIRVIEW PARK	OH					
INDEPENDENCE	OH			See instructions for		
LAKEWOOD	OH			additional information		
MIDDLEBURG HEIGHTS	OH			on alphabetization.		
OLMSTED FALLS	OH					
OLMSTED TOWNSHIP	OH					
PARMA HEIGHTS	OH			Add rows as necessary.		
ROCKY RIVER	OH			Add Tows as flecessary.		
SEVEN HILLS	OH					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM, LLC

SYSTEM ID#

007323

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	16,738	\$25-\$50.00	
 Service to additional set(s) 	2	No Cost	
 FM radio (if separate rate) 			
Motel, hotel	5	\$25-\$50.00	
Commercial	719	\$25-\$50.00	
Converter			
Residential	62,404	\$ 6.00	
Non-residential	4,272	\$ 6.00	
		1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 15.99	Motel, hotel		
 Pay cable—add'l channel 	10.00-32.00	Commercial		
 Fire protection 		Pay cable		
Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
 First set 	20-100.00	Burglar protection		
Additional set(s)	\$ 25.00	Other services:		
 FM radio (if separate rate) 		Reconnect		
Converter		Disconnect		
		Outlet relocation	\$0-\$50.00	
		Move to new address	20.00-50.00	

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
COXCOM, LLC					007323	Name
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 basis, as explained in the next paragraph.						G Primary Transmitters:
Substitute Basis S basis under specifc FC				carried by your ca	able system on a substitute program	Television
Do not list the station	here in space	G—but do list		e Special Stateme	ent and Program Log)—if the	ļ
basis. For further int in the paper SA3 for	and also in spa formation conc rm.	ice I, if the sta erning substit	ute basis statior	ns, see page (v) o	ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify	
		-			tion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list each	n stream separately; for example	
its community of licens on which your cable sy Column 3: Indicate	e. For example stem carried th in each case v	e, WRC is Cha ne station. whether the st	annel 4 in Wash	ington, D.C. This rk station, an inde	on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
For the meaning of the Column 4: If the star planation of local service	se terms, see pation is outside ce area, see pa	page (v) of the the local serv age (v) of the	e general instruc rice area, (i.e. "d general instructi	ctions located in the listant"), enter "Ye ons located in the	s". If not, enter "No". For an ex- paper SA3 form.	
cable system carried the carried the distant stating For the retransmissions.	ne distant station on on a part-tir ion of a distant	on during the a me basis beca multicast stre	accounting perions ause of lack of a eam that is not s	od. Indicate by ent ctivated channel oubject 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						
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	
WBNX-1	55.1	I	No		AKRON, OH	
WBNX-2	55.2	I-M	No		AKRON, OH	See instructions for
WBNX-3	55.3	I-M	No		AKRON, OH	additional information on alphabetization.
WDLI	17.1	I	No		CANTON, OH	·
WEAO-1	49.1	Е	No		AKRON, OH	
WEWS-1	5.1	N	No		CLEVELAND, OH	
WEWS-2	5.2	I-M	No		CLEVELAND, OH	
WEWS-3	5.3	I-M	No		CLEVELAND, OH	
WGGN	52.1	ı	No		SANDUSKY, OH	
WJW-1	8.1	N	No		CLEVELAND, OH	
WJW-2	8.2	I-M	No		CLEVELAND, OH	
WJW-3	8.3	I-M	No		CLEVELAND, OH	
WKYC-1	3.1	N	No		CLEVELAND, OH	
WKYC-2	3.2	I-M	No		CLEVELAND, OH	
WKYC-3	3.3	I-M	No		CLEVELAND, OH	
WKYC-4	3.4	I-M	No		CLEVELAND, OH	
WOIO-1	19.1	N	No		SHAKER HEIGHTS, OH	
WOIO-2	19.2	I-M	No	ļ	SHAKER HEIGHTS, OH	

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	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
WOIO-3	19.3	I-M	No		SHAKER HEIGHTS, OH
WQHS-1	61.1	N	No		CLEVELAND, OH
WQHS-3	61.3	I-M	No		CLEVELAND, OH
WRLM-1	47.1	I	No		CANTON, OH
WUAB-1	43.1	I-M	No		LORAIN, OH
WUAB-2	43.2	I-M	No		LORAIN, OH
WUAB-3	43.3	I-M	No		LORAIN, OH
WVIZ-1	25.1	Е	No		CLEVELAND, OH
WVIZ-2	25.2	E-M	No		CLEVELAND, OH
WVIZ-3	25.3	E-M	No		CLEVELAND, OH
WVIZ-4	25.4	E-M	No		CLEVELAND, OH
WVPX-1	23.1	I	No		AKRON, OH

G

Primary Transmitters: Television

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 007323 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

COXCOM, LLC	CABLE SYST	EM:			5	007323	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOC				
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	CC rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				Carriage:
During the accounting per	iod, did you	ır cable system	carry, on a substitute bas	is, any nonne	twork television progran	n	Special Statement and
broadcast by a distant stat	ion?				☐Yes	X No	Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the progran	n	
log in block 2.	BBOCBA	MC					
2. LOG OF SUBSTITUTE PROGRAMS 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 to 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 and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
S	UBSTITUT	E PROGRAM			EN SUBSTITUTE IAGE 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# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COXCOM, LLC 007323 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation 'app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE **FROM** TO DATE **FROM** TO

	L NAME OF OWNER OF CABLE SYSTEM: KCOM, LLC SYSTEM ID# 007323	Name					
Inst all a (as i	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service dentifed in space E) during the accounting period. For a further explanation of how to compute this amount, see (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 8,515,164.29	K Gross Receipts					
IMP	DRTANT: You must complete a statement in space P concerning gross receipts. (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.							
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of c 3 below.						
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block low.						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.						
	This is your minimum fee. \$ 90,601.35						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. X No—Leave block 3 below blank and complete line 1, block 4.						
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero \$\\\$\$						
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero						
	Line 3. Add lines 1 and 2 and enter here \$ -						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, 90,601.35						
	whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter 0.00	Cable systems submitting additional					
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	deposits under Section 111(d)(7) should contact					
	Line 4. FILING FEE	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	appropriate form for submitting the					
	EFT Trace # or TRANSACTION ID #	additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)						

ACCOUNTING PERIOD: 2021/2

	FORM	SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COXCOM, LLC	SYSTEM ID# 007323
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	4 Establish Add annih a af dans dans dans dans dans dans dans dans	
	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
Individual to	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.)	
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
	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)]	
	X /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 and press the "button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	'F2"
1	Typed or printed name: Sanford Mencher	
	Title: SVP, Finance and Accounting (Title of official position held in corporation or partnership)	
1	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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
COXCOM, LLC	007323	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding 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 inconscribers 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 transmitters, the system shall not inconscient the secondary transmissions pursuant to section.	basic clude sub- 1119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
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.	payment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	days 00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- t charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce please list below the owner, address, first community served, accounting period, and ID number as given in the 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, 198I, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE 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:

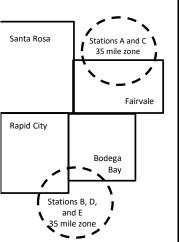
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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.



	Distant Stations Carried	1	Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
n	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

		φ0,304.00			
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)

1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#
•	COXCOM, LLC					007323
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line			<u>-</u>	0.00	
2 Computation	Instructions: In the column headed "Call S of space G (page 3). In the column headed "DSE":					
of DSEs for	mercial educational station, give					
Category "O"	CALLSION	DSE		1	CALL SIGN	I DOE
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				<mark>.</mark>		
Add rows as						
Add rows as necessary.						
Remember to copy all						
formula into new						
rows.						
10.03.						
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Name		OWNER OF CABLE SYSTEM:						5	SYSTEM ID#			
	COXCOM, L	LC							007323			
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all dista the call sign of all dista for each station, give the correspond with the inform for each station, give the Divide the figure in colu- at least to the third decin For each independents	ne number of he mation given in the total number in the figure of the fi	nours your cable system in space J. Calculate on er of hours that the stati gure in column 3, and g is the "basis of carriage e "type-value" as "1.0."	n carried the static ly one DSE for ea on broadcast ove give the result in de e value" for the sta For each network	on during the a ach station. In the air during decimals in col ation. It or noncomme	the account umn 4. This f ercial educati und to no less	ing period. figure must onal station, s than the				
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs											
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	SE			
l			÷		= _	x x		=				
			÷		=	x		=				
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			÷		=	x		=				
			÷		=	x x		=				
			÷			x		=				
	Add the DSEs	s OF CATEGORY LAC S of each station. Im here and in line 2 of pa		hedule,	▶		0.00					
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations and the space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each state by your system in substituted on October 19, 1976 (some or more live, nonnetwork for each station give the This figure should correst Enter the number of days Divide the figure in colum This is the station's DSE	tution for a process shown by the ork programs do number of live spond with the sin the calendar 2 by the figure (For more info	ogram that your system ne letter "P" in column 7 uring that optional carries, nonnetwork programs information in space I. ar year: 365, except in a ure in column 3, and givermation on rounding, se	was permitted to of space I); and age (as shown by the searried in substitute a leap year. the the result in column are the result in column are page (viii) of the deepage (viii)	delete under I he word "Yes" i tution for progi umn 4. Round ne general inst	FCC rules an n column 2 of rams that we to no less th ructions in the	re deleted an the third).			
		Sl	JBSTITUTE T	E-BASIS STATION	NS: COMPUTA	ATION OF I	DSEs		1			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMI OF PRO	BER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE			
			÷ ÷				÷		=			
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	Add the DSEs	OF SUBSTITUTE-BASI		:			0.00		-			
5 Total Number of DSEs	number of DSE 1. Number 2. Number	ER OF DSEs: Give the ams applicable to your system of DSEs from part 2 ● of DSEs from part 3 ● of DSEs from part 4 ●		boxes in parts 2, 3, and	4 of this schedule	and add them	to provide th	0.00 0.00 0.00				
	TOTAL NUMBE	R OF DSEs							0.00			

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

EGAL NAME OF C	WNER OF CABLE	SYSTEM:					S	YSTEM ID# 007323	Name
block A: If your answer if " chedule.		nainder of pa	·	of the DSE schedul	le blank and o	complete part 8	, (page 16) of the		6
If your answer if	'No," complete bloc	cks B and C b		TELEVISION MA	ARKETS				Computation of
the cable systen	n located wholly ou	tside of all ma		er markets as define		ion 76.5 of FC0	rules and regulati	ons in effect	3.75 Fee
n June 24, 1981? Yes—Com	,	schedule—D0	•	ETE THE REMAIN			Traibe and regular		
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	FCC rules and re	gulations prio e DSE Sched	r to June 25, 1 ule. (Note: The	part 2, 3, and 4 of the 981. For further exp e letter M below refe act of 2010.)	olanation of pe	ermitted station	s, see the	·	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rul A Stations carrie 76.61(b)(c)] B Specialty statio C Noncommerica D Grandfathered instructions for E Carried pursua *F A station prev	les and regula de pursuant to on as defined al educational station (76.6 r DSE schedu int to individua viously carried HF station wi	ations cited belothe FCC markin 76.5(kk) (76 station [76.59 5) (see paragralle). al waiver of FC don a part-time thin grade-B cother the station grade-B cother thin	e or substitute basis entour, [76.59(d)(5)	in effect on J 57, 76.59(b), (1), 76.63(a) re(a) referring to titution of gran	lune 24, 1981.) 76.61(b)(c), 76. eferring to 76.6 o 76.61(d)] ndfathered stati	63(a) referring to 1(e)(1) ons in the		
Column 3:		stations iden	tified by the let	parts 2, 3, and 4 of ter "F" in column 2,			ssheet on page 14	of 3. DSE	
SIGN	BASIS	O. DOL	SIGN	BASIS	O. DOL	SIGN	BASIS	o. Boz	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ne 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
ne 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve					
				of DSEs subject 7 of this schedule		rate.		0.00	
ne 4: Enter gro	ess receipts from	space K (pa	nge 7)				x 0.03	375	Do any of the DSEs represe partially
ne 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitte
ne 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see par 9 instructions
no 7: Multiply li	ina 6 by lina 5 an	d enter here	and on line	2, block 3, space	I (page 7)			0.00	

EGAL NAME OF	OWNER OF CABLES	SYSTEM:					S	YSTEM ID# 007323	
		BLOCK	(A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
								······································	
		I		1		<u> </u>	1	······································	

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 14.

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

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: COXCOM, LLC	SYSTEM ID# 007323	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	8,515,164.29	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? X Yes—Complete section 3 below. No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? ☐ Yes—Complete part 9 of this schedule. 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 DS 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)	E	
	B. Enter 0.00377 of gross receipts (the amount in section 1.)		
Section 3b	Syndicated Exclusivity Surcharge		
	C. Multiply line B by 3.000 and enter here		
	F. Multiply line D by line E and enter here		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? [X] No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	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:	SYSTEM ID#								
	-	COXCOM, LLC	007323								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.									
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$									
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$									
Surcharge		C. Multiply line B by 3.000 and enter here									
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ _\$									
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.									
		F. Multiply line D by line E and enter here									
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)									
		Syndicated Exclusivity Surcharge									
	Inetru	ctions:									
8		cuons: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p	art								
		checked "Yes," use the total number of DSEs from part 5.									
Computation	 In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. 										
of Base Rate Fee	1	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel	ow								
base Rate Fee	blank What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers									
	were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions										
	service area," see page (v) of the general instructions.										
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?										
	Yes—Complete part 9 of this schedule. X No—Complete the following sections.										
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE										
	Section 1	Enter the amount of gross receipts from space K (page 7)	.29_								
	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.)	0.00								
	Section										
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.									
		A. Enter 0.01064 of gross receipts (the amount in section 1)	<u>-</u>								
		B. Enter 0.00701 of gross receipts (the amount in section 1)									
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here									
		D. Multiply line B by line C and enter here	<u>-</u>								
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)									
		Base Rate Fee.	<u> </u>								

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

	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 007323	Name
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 (the amount in section 1) ▶ \$		8
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	_	
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe	•	9
	o. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee	e, to exclude	
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
exclusi	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 CADD ADD That 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
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p	part 7 you must	for Partially
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable 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 state 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 state the 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	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	tem's subscriber	
	section:		
• Give	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al bers in the group.	ll 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 t	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	
page. DSEs f	oute 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 for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007323 COXCOM, LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

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ase Rate Fee First Group S O.00 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL									Stations
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Siross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN D									
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Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Siross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN									
Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SI	otal DSEs			0.00	Total DSEs			0.00	
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THIRD SUBSCRIBER GROUP CALL SIGN DSE CALL S	,	•							
CALL SIGN DSE CA	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		THIRD	SUBSCRIBER GRU		#				
Total DSEs Outline Seross Receipts Third Group Sase Rate Fee Third Group Base Rate Fee Fourth Group Base Rate Fee Fourth Group Sase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00					-				
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	otal DSEs	otal DSEs 0.00			Total DSEs		11	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third Co	roup	•		Gross Receipts Fou	rth Group	•		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	nosa izecelbis IIIII (i	συμ	Ψ	0.00	Jorosa Receipis Fou	ι ι ι Οιυυρ	Ψ	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
					<u> </u>				
				criber group a	s shown in the boxes	above.			

Nonpermitted 3.75 Stations

LEGAL NAME OF OW COXCOM, LLC	NER OF CABL	E SYSTEM:				,	007323	Name	
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAG	H SUBSCRI	BER GROUP			
		SUBSCRIBER GRO				SUBSCRIBER GRO		9	
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	Computation of				
								Base Rate F	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
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				-		<u>+</u>			
Total DSEs			0.00	Total DSEs	!	!!	0.00		
							-		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		.				H			
		-				-	······		
		H		-		<u> </u>			
		H		-		+			
						-			
Total DSEs			0.00	Total DSEs			0.00		
	d Crows	•			rth Crave	•	•		
Gross Receipts Thire	и Стоир	4	0.00	Gross Receipts Fou	iui Group	\$	0.00		
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add	d the base rat	e fees for each subs	criber group a	II as shown in the boxes	above.				
nter here and in blo			J 1.			\$	0.00		

ACCOUNTING PERIOD: 2021/2

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COXCOM, LLC 007323 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 First 50 major television market Second 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. Exclusivity 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 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 SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

	Cable Worksheet		Total amount of remittance	Numb	Number of SAs rec'd		Initials	
	Woi	rksheet						
			Date of remittance	 □Check □EFT		☐FILING FEES		
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocation	number			
Space A Accounting Period								
	□Janua	ry 1 - June 30, 2017	☐ July 1 - December 31, 2017					
	□Letter	sent	☐ Information received					
	□Accep	ted	Ε	☐Phone call/Date/Contact				
Space B Owner								
	Letter sent		☐Information received					
	□Accep	ted		☐Phone call/Date/Contact				
Space D Area Served								
	□Letter	sent	☐Information received					
□Acc		ted]	☐Phone call/Date/Contact				
Space E Secondary Transission								
Service Subscribers:	□Letter	sent	☐Information received					
and Rates	□Accepted			☐ Phone call/Date/Contact				
Space G Primary Transmitters:								
Television	☐ Letter sent]	☐Information received				
	□Accep	ted	[Phone call/Date/C	Contact			
Space H Primary Transmitters:								
Radio	☐ Accep	ted		☐Phone call/Date/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
☐Royalty Fee should be	☐Refund request to fiscal	Fees
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	