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.

# Long Form

SA<sub>3</sub>E

### 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 Period	2021/2						
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 accountin	ess of the cable system on the last day of the unting period.	m. e accounting period should suit				
	6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR ATLANTA, GEORIGA 30328						
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of	•					
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.	1					
Served	CITY OR TOWN	STATE					
First Community	ОМАНА	NE					
	Below is a sample for reporting communities if you report multiple cha	innel line-ups in Sp STATE	oace G.  CH LINE UP	SUB GRP#			
	Alda	MD	A	1 SUB GRP#			
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#			
COX COMMUNICATIONS OMAHA, LLC			007324			
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile 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., on 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 releasingnated 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#			
OMAHA	NE			First		
BELLEVUE	NE			Community		
BENNINGTON	NE					
CARTER LAKE	IA					
COUNCIL BLUFFS	IA					
CRESCENT	IA			See instructions for		
DOUGLAS COUNTY	NE			additional information		
GRETNA	NE			on alphabetization.		
LA VISTA	NE					
OFFUT AFB	NE					
PAPILLON	NE			A d d		
POTAWATTAMIE COUNTY	IA			Add rows as necessary.		
RALSTON	NE					
SARPY COUNTY	NE					
VALLEY	NE					
WATERLOO	NE					
	•			•		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COX COMMUNICATIONS OMAHA, LLC

SYSTEM ID# 007324

### 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	70,154	\$25-\$50.00	
<ul> <li>Service to additional set(s)</li> </ul>	6	No Cost	
• FM radio (if separate rate)			
Motel, hotel	141	\$25-\$50.00	
Commercial	7,112	\$25-\$50.00	
Converter			
Residential	262,519	\$ 4.00	
Non-residential	24,664	\$ 4.00	
	ļ	1	

### F

### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

LEGAL NAME OF O	WNER OF CABLE SY	STEM:			SYSTEM ID#	
сох сомми	INICATIONS C	MAHA, LL	С		007324	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
carried by your cabl FCC rules and regu 76.59(d)(2) and (4), substitute program	e system during the lations in effect or 76.61(e)(2) and (basis, as explaine	ne accounting n June 24, 19 4), or 76.63 (r d in the next	period, except 81, permitting th eferring to 76.61 paragraph.	(1) stations carrie te carriage of cert 1(e)(2) and (4))]; a		Primary Transmitters: Television
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), "" (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)						
		CHANN	EL LINE-UP	AA		1
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	
KBIN-1	32.1	Е	No		COUNCIL BLUFFS, IA	
KBIN-3	32.3	E-M	No		COUNCIL BLUFFS, IA	See instructions for
KBIN-4	32.4	E-M	No		COUNCIL BLUFFS, IA	additional information on alphabetization.
KETV-1	7.1	N	No		OMAHA, NE	
KETV-2	7.2	I-M	No		OMAHA, NE	
KMTV-1	3.1	N	No		OMAHA, NE	
KMTV-2	3.2	I-M	No		OMAHA, NE	
КОНА-1	27.1	I	No		OMAHA, NE	
КОНА-2	27.2	I-M	No		OMAHA, NE	
KPTM-1	42.1	I	No		OMAHA, NE	
KPTM-2	42.2	I-M	No		OMAHA, NE	
KPTM-3	42.3	I-M	No		I -	.4
KXVO-1		•			OMAHA, NE	
	15.1	I	No		OMAHA, NE	
KXVO-2	·····	I I-M	No No			
KXVO-2 KXVO-3	15.1				OMAHA, NE	
	15.1 15.2	I-M	No		OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE	
KXVO-3	15.1 15.2 15.3	I-M I-M	No No		OMAHA, NE OMAHA, NE OMAHA, NE	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:				SYSTEM ID#	Name
COX COMMUN	ICATIONS O	MAHA, LL	<u> </u>			007324	- Tuanio
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
1					and low power television		C
		-	-		d only on a part-time bas		G
				•	ain network programs [se ind (2) certain stations ca		Primary
substitute program ba		,	-	.(0)(2) aa ( .//], c	(=) 55.14 51455 54		Transmitters:
				carried by your c	able system on a substitu	ute program	Television
<ul> <li>basis under specifc F0</li> <li>Do not list the station</li> </ul>	, 0	,		e Special Statem	ent and Program Log)—it	f the	
station was carried	•		opuss . (u.	io oposiai olatoiii	aa		
					tute basis and also on so		
in the paper SA3 fo		erning substit	ute dasis statioi	ns, see page (v) o	f the general instructions	located	
		sign. Do not r	eport originatior	n program service	s such as HBO, ESPN, e	tc. Identify	
			-	-	tion. For example, report		
WETA-simulcast).	A-2 . Simulcasi s	streams must	be reported in	column i (list eac	h stream separately; for ε	xample	
,	e channel numb	er the FCC h	as assigned to	the television stat	on for broadcasting over-	-the-air in	
,	•	,	annel 4 in Wash	nington, D.C. This	may be different from the	channel	
on which your cable sy Column 3: Indicate			ation is a netwo	rk station, an inde	pendent station, or a nor	ncommercial	
					ast), "I" (for independent)		
1 *					mmercial educational mu	ulticast).	
For the meaning of the Column 4: If the st	-		-		s". If not, enter "No". For	an ex-	
planation of local serv							
_			-	· ·	stating the basis on which tering "LAC" if your cable	•	
carried the distant stat		-		-		System	
					payment because it is th	-	
-				•	stem or an association re ry transmitter, enter the d	•	
1			•	• .	her basis, enter "O." For	•	
					d in the paper SA3 form.		
				-	to which the station is lid which the station is iden	-	
Note: If you are utilizir				•			
		CHANN	EL LINE-UP	AA (2)			
4 0411	O D'CACT				C LOCATION OF STAT	TION	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STA	TION	
51511	NUMBER	STATION	` ,	(If Distant)			
KYNE-4	26.4	E-M	No	,	OMAHA, NE		
WOWT-1	6.1	N	No		OMAHA, NE		
				<u> </u>			
WOWT-2	6.2	I-M	No		OMAHA, NE		
WOWT-3	6.3	I-M	No		OMAHA, NE		
WOWT-5	6.5	I-M	No		OMAHA, NE		
WOWT-6	6.6	I-M	No		OMAHA, NE		
				······			
					-		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007324 COX COMMUNICATIONS OMAHA, 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

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/2

LEGAL NAME OF OWNER OF COX COMMUNICATION					S	007324	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	<b>)</b>			
In General: In space I, ident substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT	_					•	Carriage:
During the accounting per	-			s, any nonne	twork television program	1	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 mι	ust complete the progran	n	
log in block 2.							
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute prograce, please; of every nor distant stat gulations, of tion. Do no uccy" or "NEn was broad sign of the stadian static th and day ye "5/7." es when the Example: a er "R" if the and regulatiogramming	am on a separa attach addition nnetwork televion and that your authorization at use general of BA Basketball: deast live, entestation broadca on's location (thons, if any, the when your system substitute program carrilisted program ons in effect du	al pages. ision program (substitute pour cable system substitute so so See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." refes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute pour gram was carried by your ged by a system from 6:01:  was substituted for programing the accounting period	rogram) that, d for the programleral instruction. "basketball".  Io."  m. station is lice station is idered program. Use cable system.  15 p.m. to 6:2 mming that y l; enter the le	during the accounting gramming of another state on located in the paper. List specific program ensed by the FCC or, in natified).  List the times accurated the state of the second because the second because the system was required the system.	ion th y	
					EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	E PROGRAM  3. STATION'S	<u> </u>	5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007324 COX COMMUNICATIONS OMAHA, LLC **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:  X COMMUNICATIONS OMAHA, LLC	SYSTEM ID# 007324	Name
GRO Inst all a (as i	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secon dentifed in space E) during the accounting period. For a further explanation of how to co e (vii) of the general instructions.	idary transmission service	K Gross Receipts
IMP	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 33,160,815.99 (Amount of gross receipts)	
<ul><li>Instru</li><li>Con</li><li>Con</li><li>If yo fee to</li><li>If yo</li></ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: helete block 1, showing your minimum fee. helete block 2, showing whether your system carried any distant television stations. For under the carry any distant television stations, leave block 3 blank. Enter the amount of the carry any distant television stations, you must complete the applicable par companying this form and attach the schedule to your statement of account.		Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er llow.	ntered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	ld be entered on line	
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	the state of the s	
	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.	\$ 33,160,815.99	
	This is your minimum fee.	\$ 352,831.08	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting perio Yes—Complete the DSE schedule.	n 4, you must check d?	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -	
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ -	
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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	\$ 352,831.08	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 353,556.08	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. (S general instructions located in the paper SA3 form and the Excel instructions to	,	

ACCOUNTING PERIOD: 2021/2

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	COX COMMUNICATIONS OMAHA, LLC	007324
	SON SOMMONIONI SINCE SIN	
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	Enter the total number of channels on which the cable	
	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	
N	we can contact about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Kristin Von Schuch Telephone (404) 269-0827	
Information		
	Address 6205B PEACHTREE DUNWOODY ROAD - 21 FLOOR	
	(Number, street, rural route, apartment, or suite number)	
	ATLANTA, GEORIGA 30328	
	(City, town, state, zip)	
	5 / C NAVA	
	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, <i>but only one</i> , of the boxes.)	
Continuation	, the discosting that (check one, sat only one, of the sexes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Children of the state of perturbing) Full the combiner of the case dystem as accommod in this for 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	
	in line 1 of space B and that the owner is not a corporation of partnership, of	
	(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	ı
	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)]	
	/s/ Sanford Mencher	
	X	
	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	"F2"
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: Sanford Mencher	
	ryped of printed name. Samord wentere	
	OVD Finance and Accounting	
	Title: SVP, Finance and Accounting	
	(Title of official position held in corporation or partnership)	
	Date: February 16, 2022	
İ		

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 Office'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: COX COMMUNICATIONS OMAHA, LLC	SYSTEM ID# 007324	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by a lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall is scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see the note on page (vii) of the general instrupance SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	or the basic not include sub- ection 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum herex	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	- nterest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assecontact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	sistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyrigh please list below the owner, address, first community served, accounting period, and ID number as giver filling.		
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:

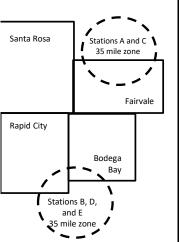
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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)

DSE SCHEDULE. PAGI	LEGAL NAME OF OWNER OF CABI	LE CVOTEM:				SYSTEM ID#
1			•			007324
	COX COMMUNICATION					007324
	SUM OF DSEs OF CATEGO		IS:			
	Add the DSEs of each statio				0.00	
	Enter the sum here and in line	e i of part 5 of this	scnedule.	<u></u>	0.00	
•	Instructions:					
2	In the column headed "Call	Sign": list the cal	I signs of all distant stations	identified by the I	etter "O" in column 5	
0	of space G (page 3).	", for each indens	andent station, give the DCF	"1 O": for	h natuark ar nanaam	
Computation of DSEs for	In the column headed "DSE mercial educational station, gi			as I.U , IOI eac	II HELWORK OF HORICOTH-	
Category "O"	mercial educational station, gr	VC IIIC DOL as .2	CATEGORY "O" STATIO	NS: DSFs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	3,122 3.3.1	332	07.122.01.01.1		0.122 0.011	
		<del></del>		<del> </del>		·····
		<del> </del>		<mark></mark>		·····
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		<u></u>		<del></del>		·····
Add rows as		<del> </del>		<del></del>		·····
necessary.		<del></del>		<del></del>		<u> </u>
Remember to copy all						
formula into new						
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Nome	LEGAL NAME OF C	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#												
Name	COX COMM	UNICATIONS OMAHA	, LLC						007324					
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	CAPACITY st the call sign of all distar 2: For each station, give the correspond with the inform 3: For each station, give the 4: Divide the figure in colur 5: For each independent si value as ".25." 5: Multiply the figure in colupoint. This is the station's	ne number of he nation given in the total number mn 2 by the figural point. This tation, give the furning 4 by the f	nours your cable system is space J. Calculate only of hours that the static gure in column 3, and g is the "basis of carriage a "type-value" as "1.0."	n carried the static y one DSE for each on broadcast over ive the result in devalue" for the state For each network	on during the ach station. If the air during decimals in column ation. It or noncomme	g the accoun umn 4. This ercial educat und to no les	ting period. figure must tional station, ss than the						
Capacity		C	CATEGORY	LAC STATIONS:	COMPUTAT	ION OF DS	Es							
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R IRS ID BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	=	5. TYPE VALUE	6. D	SE					
			÷		_	X		=						
			÷		=	x x		=						
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			÷		=	x x		=						
			÷		=	x		=						
	Add the DSEs	s OF CATEGORY LAC ST of each station. Im here and in line 2 of pa		nedule,			0.00							
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations and the space I).     Column 2: at your option.     Column 3: Column 4:	re the call sign of each sta d by your system in substit ect on October 19, 1976 (a one or more live, nonnetwo For each station give the r This figure should corresp Enter the number of days Divide the figure in column This is the station's DSE (	ution for a pro is shown by th rk programs du number of live pond with the i in the calenda in 2 by the figu For more infor	igram that your system to letter "P" in column 7 aring that optional carriat, nonnetwork programs information in space I. ar year: 365, except in a re in column 3, and givermation on rounding, se	was permitted to of space I); and ge (as shown by the carried in substitute a leap year.  The the result in column to the page (viii) of the page	delete under lene word "Yes" in tution for programm 4. Round be general inst	FCC rules ar n column 2 of rams that we I to no less the ructions in the	fere deleted	n).					
		SU	IBSTITUTE	-BASIS STATION		ATION OF I	DSEs		1					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DAY IN YEAI	rs	1. CALL SIGN	2. NUM OF PRO	BER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE					
		-					÷		=					
		÷		=			÷		=					
		÷		=			÷		=					
		÷		=			÷		=					
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,													
<b>5</b> Total Number of DSEs	number of DSE 1. Number 2. Number	ER OF DSEs: Give the among 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	e and add them	to provide the	0.00 0.00 0.00	0.00					

	NICATIONS OM						S	YSTEM ID# 007324	Name
In block A: • If your answer if "	ck A must be compl		rt 6 and part 7	of the DSE schedul	le blank and c	complete part 8	, (page 16) of the		6
schedule. • If vour answer if "	'No," complete bloc	ks B and C b	elow.						
	,			TELEVISION MA	ARKETS				Computation
s the cable system on June 24, 1981?	n located wholly ou	tside of all ma	ajor and smalle	r markets as define	ed under secti	ion 76.5 of FC0	C rules and regulati	ions in effect	3.75 Fee
	plete part 8 of the s		NOT COMPL	ETE THE REMAIN	IDER OF PAF	RT 6 AND 7.			
X No—Comp	lete blocks B and 0	C below.							
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and reg	gulations prio e DSE Sched	r to June 25, 1 ule. (Note: The	part 2, 3, and 4 of the 981. For further experience letter M below refer 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 static 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 co	e or substitute basis ontour, [76.59(d)(5),	in effect on J 57, 76.59(b), 7 (1), 76.63(a) re (a) referring to titution of gran	une 24, 1981.) 76.61(b)(c), 76 eferring to 76.6 o 76.61(d)] ndfathered stat	.63(a) referring to .1(e)(1)		
Column 3:		stations iden	tified by the let	oarts 2, 3, and 4 of ter "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	
	•		•			·		<u> </u>	
								0.00	•
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this	schedule				-	
ine 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve				-	
	line 2 from line 1 eave lines 4–7 bl			•		rate.	,	0.00	
ine 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs representation
ine 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				x		partially permited/ partially nonpermitte
ine 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see pa 9 instruction
ine 7: Multinly li	ine 6 by line 5 an	d enter here	e and on line	2, block 3, space	L (page 7)			0.00	

	FOWNER OF CABLES		;				S	YSTEM ID# 007324	
1. CALL	2. PERMITTED	BLOCK 3. DSE	A: TELEVIS	SION MARKETS  2. PERMITTED	3. DSE	UED) 1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS	0. 202	SIGN	BASIS		SIGN	BASIS		
									Computation of 3.75 Fee
	•			•			•	-	1

**ACCOUNTING PERIOD: 2021/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COX COMMUNICATIONS OMAHA, LLC 007324 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those 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:  COX COMMUNICATIONS OMAHA, LLC	STEM ID# 007324	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	60,815.99	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 defned by the FCC?  Yes—Complete section 3 below.  X 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?      \( \text{\bar{X}} \) No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	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.		
Sb	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		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?    Yes—Complete part 9 of this schedule.   X No—Complete the applicable section below.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.		
	A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
	(	COX COMMUNICATIONS OMAHA, LLC	007324								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.									
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$									
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$									
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here									
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$									
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.									
		F. Multiply line D by line E and enter here									
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)									
		Syndicated Exclusivity Surcharge	<u></u>								
8	You m	ctions:  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.  bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.									
Computation	• If you	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.									
of Base Rate Fee	<ul> <li>If you blank</li> </ul>	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		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers									
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	al								
	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)	.99_								
	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 <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A 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: COMMUNICATIONS OMAHA, LLC	SYSTEM ID# 007324	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$		8
	B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶ \$		Computation 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)  ▶ \$		
	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 <b>\$</b>		
	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 channels.		9
receipts exclusive station DSEs a Finally NOTE: also co if your of the Step 1: carried Step 2: outside the san Step 3: subscri system Compugroups. In each • Identiti • Give t subscri • If: 1) your 4 of this 2) any part	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee is from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:  bivide 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 each subscriber group. That total is the base rate fee for your system.  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 be sable system is wholly located outside all major television markets, complete block A only.  Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant state to that community.  For each wholly distant and each partially distant station you carried, determine which of your subscribers were let the station is local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)  Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. beer 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.  It implies the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system is located wholly outside all major and smaller television markets, give each station'	advantage of this to the same the number of reach group.  part 7, you must elow. However,  ation you  ccated tation (and, by  . Each nat a cable  stem's subscriber  all of the	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	instructions	
• Comp	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the particular subscriber group). You do not need that group's complement of stations and total gross receipts from the subscribers in that group). You do not need that group's complement of stations and total gross receipts from the subscribers in that group). You do not need that group's complement of stations are group to the group of the grou	nat is, the total	

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007324 COX COMMUNICATIONS OMAHA, LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						\$	007324	Name
		COMPUTATION O SUBSCRIBER GROU		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP.	
COMMUNITY/ AREA	7 11 (01	- COBCOTTIBLIT OF CO	0	COMMUNITY/ AREA		- CODECTABLIT GIACO	0	<b>9</b> 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
								Stations
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU				SUBSCRIBER GROU	_	
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	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				П				
Base Rate Fee: Add the Enter here and in block			iber group a	s shown in the boxes a	bove.	\$	0.00	

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:  COX COMMUNICATIONS OMAHA, LLC  007324								
				ATE FEES FOR EAC				
	FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
						H		Syndicated
						-		Exclusivity
						-		Surcharge for
	···		•••••			<u> </u>		Partially
								Distant
								Stations
						H		
						-		
						†		
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roun	4	0.00	Gross Receipts Sec	ond Group	\$	0.00	
orosa rreceipta i irat o	Toup	4	0.00	Oross Receipts dec	ond Oroup	Ψ	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···					-		
						-		
	···							
						H		
						<del> </del>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u></u> -	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•			· ·	•			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add th		e fees for each subse pace L (page 7)	criber group a	as shown in the boxes	above.	s	0.00	

ACCOUNTING PERIOD: 2021/2

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COX COMMUNICATIONS OMAHA, LLC 007324 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	