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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2-24-22	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	2021/2							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	COX COMMUNICATIONS KANSAS, LLC							
				0076292021	2			
				007629 2021/2				
	6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR ATLANTA, GEORIGA 30328							
С	INSTRUCTIONS: In line 1, give any business or trade names used to id							
	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver	in space B.				
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
					_			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and reli	st on page 1b				
Area Served	with all communities. CITY OR TOWN	STATE			_			
First	SALINA	KS						
Community	Below is a sample for reporting communities if you report multiple cha		pace G.		_			
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	MD	A	1				
	Alliance	MD	В	2				
	Gering	MD	В	3				

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

ONWIGAGE. FAGE 15.			SYSTEM ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:				
COX COMMUNICATIONS KANSAS, LLC			007629	
Instructions: List each separate community served by the cable system. A "communit in FCC rules: "a separate and distinct community or municipal entity (including unincor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first of system identification hereafter known as the "first community." Please use it as the first community.	oorated communitie st community that y	s within unincorpo ou list will serve a	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hobelow the identified city or town.	me parks should be	reported in paren	theses	
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave to on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	ne column blank. If	you report any sta	tions	
When reporting the carriage of television broadcast stations on a community-by-comm channel line-up designated by an alpha-letter(s) (based on your Space G reporting) an (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	d a subscriber group			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
SALINA	KS			First
				Community
				See instructions for
				additional information on alphabetization.
				on alphabetization.
				Add rows as necessary.
				

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 007629

COX COMMUNICATIONS KANSAS, LLC

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	4,366	\$25-\$50.00			
Service to additional set(s)	1	No Cost			
• FM radio (if separate rate)					
Motel, hotel	26	\$25-\$50.00			
Commercial	249	\$25-\$50.00			
Converter					
Residential	14,857	\$ 4.00			
Non-residential	2,833	\$ 4.00			
	†	l		1	†····

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RA				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	

FORM SA3E. PAGE 3.						_	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
COX COMMUN	ICATIONS K	ANSAS, LI	_C		007629		
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
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 6.6.81 (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 the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	ion of a distant entered into or a primary transi simulcasts, also ree categories e location of ea	multicast stren n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo	eam that is not s ne 30, 2009, be ssociation repres you carried the o of the general i r U.S. stations, l	ubject to a royalty tween a cable sys senting the primal channel on any ot nstructions locate ist the community	payment because it is the subject		
Note: If you are utilizin	g multiple char		use a separate s	•	channel line-up.		
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		
KAAS-1	17.1	ı	No		GARDEN CITY, KS		
KAAS-2	17.2	I-M	No		GARDEN CITY, KS	Con instructions for	
KAAS-3	17.3	I-M	No		GARDEN CITY, KS	See instructions for additional information	
KHDS-1	51.1	N	No		Salina, KS	on alphabetization.	
KHDS-2	51.2	I-M	No		Salina, KS	1	
KDCU-1	31.1	I	No		DERBY, KS	1	
KMTW-1	36.1	i i	No		HUTCHINSON, KS	1	
KMTW-2	36.2	I-M	No		HUTCHINSON, KS	1	
KMTW-3	36.3	I-M	No		HUTCHINSON, KS		
KOOD-1	9.1	E	No		HAYS, KS	1	
KOOD-1	9.2	E-M	No		HAYS, KS	1	
KOOD-3	9.3	E-M	No		HAYS, KS		
KPTS-1						-	
KPTS-2	8.2	E-M	No			•	
KPTS-3	8.3	E-IVI	No		HUTCHINSON, KS HUTCHINSON, KS	1	
KPTS-4	8.4	E-IVI	No		HUTCHINSON, KS	1	
						•	
KSCW-1	33.1	I I_M	No No		WICHITA KS	1	
KSCW-2	33.2	I-M	No	L	WICHITA, KS		

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007629 COX COMMUNICATIONS KANSAS, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 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 multi-

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.

cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

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
KSCW-3	33.3	I-M	No		WICHITA, KS
KSCW-4	33.4	I-M	No		WICHITA, KS
KSNL-LD	6.1	N	No		SALINA, KS
KSNW-2	3.2	I-M	No		WICHITA, KS
KSNW-4	3.4	I-M	No		WICHITA, KS
KWCH-1	12.1	N	No		HUTCHINSON, KS
KWCH-2	12.2	I-M	No		HUTCHINSON, KS
KWCH-3	12.3	I-M	No		HUTCHINSON, KS
KWCH-4	12.4	I-M	No		HUTCHINSON, KS

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 007629 COX COMMUNICATIONS KANSAS, 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

							TEMOD. 2021/2
COX COMMUNICATIO						3YSTEM ID# 007629	Name
SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEMEN	NT AND PROGRAM LOG	ì			_
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant state	•	ır cable system	ı carry, on a substitute basi	s, any nonne	etwork television progran		Special Statement and Program Log
Note: If your answer is "No		rest of this pag	ge blank. If your answer is '	'Yes," you m			Program Log
log in block 2. 2. LOG OF SUBSTITUTE	- DDOCDA	MC					
In General: List each subsiclear. If you need more spaced was broadcast by a under certain FCC rules, rescaled for for futher informatitles, for example, "I Love Legister Column 2: If the programed column 3: Give the called Column 4: Give the broatte case of Mexican or Carcolumn 5: Give the morfirst. Example: for May 7 gives the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letted delete under FCC rules a gram was substituted for present of the title to delete under FCC rules a gram was substituted for present for the title to delete under FCC rules a gram was substituted for present for the title to delete under FCC rules a gram was substituted for present for the title to delete under FCC rules a gram was substituted for present for the title to delete under FCC rules a gram was substituted for present for the title to delete under FCC rules a gram was substituted for present for the title to delete under FCC rules a gram was substituted for present for the title to delete under FCC rules a gram was substituted for present for the title title to delete under FCC rules a gram was substituted for present for the title titl	titute progratice, please of every no distant stategulations, contion. Do not be distant stategulations of the stategulation of the stategulation stategulation of the stategulat	am on a separa attach addition nnetwork televicion and that your authorization of use general of BA Basketball: dcast live, ente station broadca on's location (thons, if any, the when your system substitute program carrilisted program ons in effect do	al pages. ision program (substitute pour cable system substitute sets. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your of ed by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the program that, d for the program instruction." It is a station is lice station is idea to rogram. Use the cable system is p.m. to 6:2 mming that y is enter the less that is p.m. to lice in the less that is a station is idea to rogram. Use the system is p.m. to 6:2 mming that y is enter the less that is a station is idea to rogram.	during the accounting gramming of another state ons located in the paper. List specific program ensed by the FCC or, in intified). In a numerals, with the more than the country of the co	tion hth ly	
effect on October 19, 1976	-			\\\\	EN SUBSTITUTE		•
S	SUBSTITUT	TE PROGRAM	1		IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
					_		
	 						
	 						
							
							
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS KANSAS, LLC 007629									
		PART-TIME CARRIAGE LOG								
Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in									
			DATE	S AND HOURS	OF F	PART-TIME CAR	RIAGE			
		WHEN	N CARRIAGE OCC	URRED			WHEI	N CARRIAGE O	CCUF	RRED
	CALL SIGN		HOU	RS		CALL SIGN		Н	OURS	3
		DATE	FROM	ТО			DATE	FROM		ТО
									=	
			_						_	
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			Т		1	r		· r		

Comparison Supray out give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's accordary transmission service (s) (as identified in space () of the general instructions. Cross receipts from subscribers for secontrapper (or 1 author explanation of how to compute this amount, see page (iii) of the general instructions. Cross receipts from subscribers for secondary transmission service(s)		AL NAME OF OWNER OF CABLE SYSTEM: X COMMUNICATIONS KANSAS, LLC	SYSTEM ID# 007629	Namo					
during the accounting period. MPORTATN 17 vou must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: CORPICIONS: I showing your minimum fee. Complete block 2, showing worm minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your splant off on carry any elastinat television stations. If your splant off on carry any elastinate the should be possibly lobe. If your splant off on carry any elastinate the should be possibly lobe. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 2 in block. 3 below. If part 8 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block. 3 below. If part 7 or 10 part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block. 3 below. If part 8 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block. 3 below. If part 8 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block. 3 below. If part 8 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block. 4 block 4 below. In solic A below A	Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.								
Instructions: Use the blocks in this space L to determine the royality fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. 1 your system of not carry any distant television stations, seave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royality fee. 1 your system of decary 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. 1 frant 6 or the DSE schedule was completed, the account from line 7 of block C should be entered on line 1 of block 3 below. 1 frant 7 or part 9, block 8, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 3 below. 1 frant 7 or part 9, block 8, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 3 below. 1 frant 7 or part 9, block 8, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 3 below. 1 frant 7 or part 9, block 8, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 3 below. 1 least the minimum fee, gross receipts from the accounting period. 1 least the minimum fee, gross receipts from space K 1 least the minimum fee, gross receipts from space K 2 1,112,452.85 1 least the minimum fee, gross receipts from space K 2 1,112,452.85 1 least the minimum fee, gross receipts from space K 2 2,476.50 2 2,476.50 2 3 block 3 block 3 block 3 block 3 block 3 block 4 block 3 block 4	IMP	during the accounting period.							
il part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 3 below. Block	 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 								
If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line	bloc	k 3 below.							
Line 2 3.75 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 Line 3 3.75 Fee: Enter the the sum of the base rate fee / 3.75 fee from block 2, line 1, BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee Line 2 3.75 Fee: Enter the the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 3 Line 3 Interest Worksheet	3 be	elow.							
least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the systems gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Enter the result here. This is your minimum fee. Second History Second History		·	ld be entered on line	_					
Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. Block DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G. you identified 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. IN No—Leave block 3 below blank and complete line 1, block 4. 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 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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (interest Worksheet). Line 4. FILING FEE. \$ 725.00 Line 4. FILING FEE. \$ 725.00 EFIT Trace # or TRANSACTION ID # Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the		least the minimum fee, regardless of whether they carried any distant stations. This fee							
Block 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. 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 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE Line 1. BASE RATE FEE:3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (interest Worksheet) Line 4. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$ 23,201.50 EFT Trace # or TRANSACTION ID # Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the		Line 2. Multiply the amount in line 1 by 0.01064	\$ 2,112,452.85						
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. 1 blook your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. 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 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE		This is your minimum fee.	\$ 22,476.50						
Block 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 Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (interest Worksheet)		space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period	n 4, you must check d?						
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 Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		1 '	\$ -						
Block Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) 0.00			0.00						
from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, 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 zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			\$ -						
Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,	\$ 22,476.50	Cable systems					
Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional					
Line 4. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here		Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	0.00	Section 111(d)(7) should contact					
TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here		Line 4. FILING FEE	\$ 725.00	additional fees.					
Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the			\$ 23,201.50	form for					
		EFT Trace # or TRANSACTION ID #		additional fees.					
peneral instructions located in the handr > // < form and the Event instructions for for more information 1		, , , , , , , , , , , , , , , , , , , ,	,						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	COX COMMUNICATIONS KANSAS, LLC	007629								
	, , , , , , , , , , , , , , , , , , ,									
D.4	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										
Gildillicis	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	671								
	and nonbroadcast services									
N.	INDIVIDUAL TO BE CONTACTED IS SUBTISED INSORMATION IS NEEDED: //dontify on individual									
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Individual to	,									
Be Contacted										
for Further	Name Kristin Von Schuch Telephone (404) 20	69-0827								
Information										
	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									
	Email Kristin. Voltacitudi (2007. com rax (optional) 1477									
_	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.)									
	(Our and be of beautiful and another plant in the control of the cold of the c									
	(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 id in line 1 of space B and that the owner is not a corporation or partnership; or	entified								
	(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 ca in line 1 of space B.	ble system								
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.									
	[18 U.S.C., Section 1001(1986)]									
	/s/ Sanford Mencher									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and	d press the "F2"								
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting									
	Typed or printed name: Sanford Moncher									
	Typed or printed name: Sanford Mencher									
	Title: SVP, Finance and Accounting									
	(Title of official position held in corporation or partnership)									
	Date: February 16, 2022									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 007629	Name
COX COMMUNICATIONS KANSAS, LLC	007629	
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 add 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 no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se For more information on when to exclude these amounts, see the note on page (vii) of the general instruct paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions pursuants of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	the basic ot include sub- ction 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	× 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assist 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.	erest charge) stance please	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright please list below the owner, address, first community served, accounting period, and ID number as given i 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.

1	LEGAL NAME OF OWNER OF CABLE COX COMMUNICATIONS	SYSTEM ID# 007629										
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	0.00										
2 Computation of DSEs for	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."											
Category "O"												
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as necessary.												
Remember to copy all formula into new rows.												
iows.												

Name		OWNER OF CABLE SYSTEM:						5	SYSTEM ID#
Name	COX COMM	UNICATIONS KANSA	S, LLC						007629
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 the call sign of all distar the call sign of all distar the correspond with the inform the For each station, give the the Divide the figure in colur at least to the third decim the For each independent so value as ".25." the Multiply the figure in colupoint. This is the station's	ne number of the nation given in the total number mn 2 by the figural point. This tation, give the numn 4 by the	hours your cable system in space J. Calculate only or of hours that the static gure in column 3, and g is the "basis of carriage e "type-value" as "1.0." I	carried the static y one DSE for ea on broadcast over ive the result in d value" for the sta For each network	on during the actich station. r the air during the ecimals in coluritation. or noncommercation.	he accountir nn 4. This fig cial educatio	ng period. gure must nal station, than the	
Capacity		(CATEGOR	Y LAC STATIONS:	COMPUTAT	ION OF DSE	s		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	βE
			÷		=	x		<u>=</u>	
			÷		=	x x			
			÷		=	x		=	
			÷		=	X		=	
			÷		=	x x			
			÷		=	x		E	
	Add the DSEs	of CATEGORY LAC Soft each station. Implementation in line 2 of page 2.		hedule,	▶		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferons in efferons in efferons and efferons pace I). Column 2: at your option. Column 3: Column 4:	e the call sign of each sta I by your system in substit oct on October 19, 1976 (a one or more live, nonnetwo For each station give the I This figure should corres Enter the number of days Divide the figure in column This is the station's DSE (aution for a pross shown by the programs defined the programs defined the production of the production of the calendary of the figure of the production of t	ogram that your system ne letter "P" in column 7 uring that optional carria a, nonnetwork programs information in space I. ar year: 365, except in a ure in column 3, and give	was permitted to of space I); and ge (as shown by the carried in substith leap year. the result in color	delete under FC the word "Yes" in the tution for prograte tumn 4. Round to	CC rules and column 2 of ms that were on o less that	e deleted in the third).
		SU	JBSTITUTE	E-BASIS STATION	IS: COMPUTA	ATION OF D	SEs		T
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMB OF PROG		3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷		=
		-		=			÷		=
		+		=			÷		=
		÷		<u>=</u>			÷		=
	Add the DSEs	of SUBSTITUTE-BASIs of each station. Im here and in line 3 of pa		:			0.00		-
5 Total Number of DSEs	number of DSE 1. Number 2. Number	er OF DSEs: Give the amos 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 the	0.00 0.00 0.00	
	TOTAL NUMBE	R OF DSEs							0.00

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

LEGAL NAME OF O	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#	
COX COMMUN	NICATIONS KA	NSAS, LLO						007629	Name
Instructions: Bloc In block A: • If your answer if 'schedule.	·		art 6 and part 7	of the DSE schedu	ule blank and	complete part	8, (page 16) of the		6
If your answer if "No," complete blocks B and C below.									
BLOCK A: TELEVISION MARKETS									
effect on June 24,	1981?	schedule—D	,	er markets as defin LETE THE REMAIN			C rules and regula	tions in	
		BLO	CK B: CARE	RIAGE OF PERM	MITTED DS	SFs			
Column 1: CALL SIGN	FCC rules and re instructions for th	of distant stagulations price	ations listed in porto June 25, 1	part 2, 3, and 4 of the 981. For further ex le letter M below ref	his schedule t	that your systemermitted statio	ns, see the	•	
Satellite Television Extension and Localism Act of 2010.) Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.									
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			rksheet on page 14	of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
	•			•		•		<u> </u>	
								0.00	
		<u> </u>	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of I	DSEs from p	part 5 of this s	chedule					
Line 2: Enter the	sum of permitted	d DSEs from	ı block B abov	/e					
				of DSEs subject t of this schedule		ate.		0.00	
Line 4: Enter gro	ss receipts from	space K (pa	ige 7)						Do any of the
	41. 22						x 0.03	375	DSEs represent partially permited/
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sur	n here				х		partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	s from line	3					-	If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 and	d enter here	and on line 2	. block 3. space I	_ (page 7)			0.00	

	OWNER OF CABLES UNICATIONS KA		С				3	YSTEM ID# 007629	Mama
		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
	57.616			2,10.0		0.0.1	57.10.10		Computation 6

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COX COMMUNICATIONS KANSAS, LLC 007629 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.) 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. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Schedule for 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 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE PERIOD CARRIAGE DSE Instructions: Block A must be completed. 7 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? Yes—Complete blocks B and C . X No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial 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 KANSAS, LLC	SYSTEM ID# 007629	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,112,452.85	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? 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? Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	E	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. 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	
	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		OX COMMUNICATIONS KANSAS, LLC	SYSTEM ID# 007629							
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). S. 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. S. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
8 Computation of Base Rate Fee	Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. 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. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.									
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 3	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). 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). Substitute 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee.	<u>-</u>							

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

	AME OF OWNER OF CABLE SYSTEM: COMMUNICATIONS KANSAS, LLC	SYSTEM ID# 007629	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 >		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadc	ast signals shall	
	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels	•	9
receipt exclusion of the station dependent of the station dependent of the station of the statio	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fees from subscribers located within the station's local service area, from your system's total gross receipts. To take son, you must: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant 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: Add up the separate base rate fees 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 cable system is wholly located outside all major television markets, complete block A only. It dentify 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.	to the same ethe number of or each group. part 7, you must elow. However,	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were let the station's local service area. A subscriber located outside the local service area of a station is distant to that she 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.		
groups		tem's subscriber	
	section: fy the communities/areas represented by each subscriber group.		
• Give	ry 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 a bers in the group.	ill of the	
• If:	solo ili ulo giodp.		
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it schedule; or,	in parts 2, 3, and	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in 6 of this schedule.	block B,	
•	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 paper SA3 form.	instructions	
• Comp	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the lin making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the property of stations and total gross receipts from the subscribers in that group). You do not no	nat is, the total	

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actual calculations on the form.

LEGAL NAME OF OWN						\$	007629	Name
		: COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA 0			COMMUNITY/ ARE	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs		III	0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Sec		SUBSCRIBER GROU	0.00	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group a	s shown in the boxes	apove.	\$	0.00	

Nonpermitted 3.75 Stations

COX COMMUNIC			-			\$	007629	Name	
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP								
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	9 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	
				.					
Total DSEs		Ш	0.00	Total DSEs		Į.I.	0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
,						·			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec		\$ SUBSCRIBER GROU	0.00		
COMMUNITY/ADEA		SUBSCRIBER GRO	0 0	COMMUNITY/ADE					
COMMUNITY/ AREA				COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				.					
						<u> </u>			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add	I the base rat	e fees for each subs	criber group	as shown in the boxes	above				
Enter here and in blo			sbo. group t	20 5110 1111 111 1110 110 110 110		\$	0.00		

ACCOUNTING PERIOD: 2021/2

FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM SYSTEM ID# Name COX COMMUNICATIONS KANSAS, LLC 007629 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of Base Rate Fee INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Partially Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown