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			
02/24/2023	\$ 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 STAT	EMENT:		
Accounting Period	2022/2			
B	Instructions: Give the full legal name of the owner of the cable system. If rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conduct of the were different owners during the accounting period, a single statement of account and royalty fee payment covering the Check here if this is the system's first filing. If not, enter the LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SCOXCOM, LLC	cts the business of the cable systemly the owner on the last day of the entire accounting period e system's ID number assigned b	em he accounting period should s	
				06127320222 061273 2022/2
	6205 PEACHTREE DUNWOODY ROAD - 12 ATLANTA, GEORGIA 30328	? FLOOR		
С	INSTRUCTIONS: In line 1, give any business or trade nam names already appear in space B. In line 2, give the mailing			
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 comn	nunity served below and rel	st on page 1b
Area Served	with all communities.	lo-,		
First	CITY OR TOWN  ENFIELD	STATE CT		
Community	Below is a sample for reporting communities if you report		pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
Janipie	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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
COXCOM, LLC			061273					
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., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group designated by a number (based on your reporting from Part 9).								
When reporting the carriage of television broadcast stations on a community-by-common channel line-up designated by an alpha-letter(s) (based on your Space G reporting) a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	nd a subscriber g							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
ENFIELD	СТ	AA	1	First				
EAST GRANBY	СТ	AA	1	Community				
EAST WINDSOR	СТ	AA	1					
GRANBY	CT	AA	1					
HARTLAND	CT	AA	1					
HOLLAND	MA OT	AB	2	See instructions for				
SOMERS STAFFORD	CT CT	AA AA	1	additional information on alphabetization.				
SUFFIELD	CT	AA AA	1					
UNION	СТ	AA	1					
WINDSOR LOCKS	ст	AA	1					
				Add rows as necessary.				

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM, LLC

SYSTEM ID#

061273

### Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOC	K 2	
	NO. OF				NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGO	DRY OF SERVICE	SUBSCRIBERS	RATE
Residential:						
<ul> <li>Service to first set</li> </ul>	6,110	\$25-\$50.00				
<ul> <li>Service to additional set(s)</li> </ul>		No Cost				
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	133	\$25-\$50.00				
Commercial	449	\$25-\$50.00				
Converter						
Residential	43,042	\$ 6.00				
Non-residential	2,183	\$ 6.00				
		1			I	1

### F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$ 15.99	Motel, hotel		EXPANDED	\$ 54.99
<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			
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		

COXCOM, L					0./0======	.1
COXCOM, L		YSTEM:			SYSTEM ID#	Namo
					061273	8
	MITTERS: TELEVISIO					
carried by your ca FCC rules and rec 76.59(d)(2) and (4	ble system during t gulations in effect o (), 76.61(e)(2) and	he accounting n June 24, 19 (4), or 76.63 (	g period, except 81, permitting the referring to 76.6	t (1) stations carri he carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary
Substitute Ba	n basis, as explaine sis Stations: With fc FCC rules, regula	respect to any	distant stations	s carried by your	cable system on a substitute program	Transmitters: Television
Do not list the st station was car	ation here in space ried only on a subs	G—but do lis titute basis.	t it in space I (th	•	nent and Program Log)—if the	
in the paper SA	A3 form.	· ·		,	of the general instructions located	
each multicast str	eam associated wit	h a station ac	cording to its ov	/er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
	e the channel num		•		tion for broadcasting over-the-air in	
on which your cab	ole system carried t	he station.			ependent station, or a noncommercial	
educational statio (for independent r For the meaning o	n, by entering the le nulticast), "E" (for n of these terms, see	etter "N" (for n oncommercia page (v) of th	etwork), "N-M" ( Il educational), d e general instru	(for network multior "E-M" (for nonc actions located in	cast), "I" (for independent), "I-M" ommercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex-	
planation of local : <b>Column 5:</b> If ye cable system carr	service area, see p ou have entered "Y ied the distant stati	age (v) of the es" in column on during the	general instruct 4, you must co accounting peri	tions located in th mplete column 5, od. Indicate by er	e paper SA3 form. stating the basis on which your ntering "LAC" if your cable system	
For the retrans of a written agree	ment entered into o	t multicast stre n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject vstem or an association representing	
tion "E" (exempt).	For simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further	
	se inree calegories			inaturations locat		
Column 6: GIV	e the location of ea				ed in the paper SA3 form. y to which the station is licensed by the	
FCC. For Mexicar	or Canadian statio	ich station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communit he community wit	ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
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FCC. For Mexicar Note: If you are u  1. CALL SIGN  WCCT-1	2. B'CAST CHANNEL NUMBER 20.1	ch station. Foons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION	r U.S. stations, re the name of t use a separate  EL LINE-UP  4. DISTANT? (Yes or No)	list the community he community with space G for each AA  5. BASIS OF CARRIAGE	ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed. h channel line-up.  6. LOCATION OF STATION  WATERBURY, CT	
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FCC. For Mexicar Note: If you are u  1. CALL SIGN  WCCT-1  WCCT-2  WCCT-3  WCTX-1  WCTX-2  WEDH-1  WEDH-2  WEDH-3  WFSB-1  WFSB-3  WGBY-1  WGGB-1	2. B'CAST CHANNEL NUMBER 20.1 20.2 20.3 59.1 59.2 24.1 24.2 24.3 3.1 3.2 3.3 57.1 40.1	ch station. Foons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  I-M  I-M  E  E-M  E-M  N  I-M  I-M  I-M  E  N  I-M  I-M  I-M  I-M  I-M  I-M  I-M	r U.S. stations, re the name of t use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	list the community he community with space G for each AA  5. BASIS OF CARRIAGE	ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed. h channel line-up.  6. LOCATION OF STATION  WATERBURY, CT WATERBURY, CT WATERBURY, CT NEW HAVEN, CT NEW HAVEN, CT HARTFORD, CT HARTFORD, CT HARTFORD, CT HARTFORD, CT HARTFORD, CT SPRINGFIELD, MA SPRINGFIELD, MA	additional information
FCC. For Mexicar Note: If you are u  1. CALL SIGN  WCCT-1  WCCT-2  WCCT-3  WCTX-1  WCTX-2  WEDH-1  WEDH-2  WEDH-3  WFSB-1  WFSB-1  WFSB-3  WGBY-1  WGGB-1  WHPX-1	2. B'CAST CHANNEL NUMBER 20.1 20.2 20.3 59.1 59.2 24.1 24.2 24.3 3.1 3.2 3.3 57.1 40.1 26.1	ch station. Foons, if any, givennel line-ups, CHANN  3. TYPE OF STATION I-M I-M E E-M N I-M I-M E-M E-M E-M N I-M I-M E-M E-M E-M E-M E-M E-M E-M E-M E-M E	r U.S. stations, re the name of t use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	list the community he community with space G for each AA  5. BASIS OF CARRIAGE	ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed.  channel line-up.  6. LOCATION OF STATION  WATERBURY, CT WATERBURY, CT WATERBURY, CT NEW HAVEN, CT NEW HAVEN, CT HARTFORD, CT HARTFORD, CT HARTFORD, CT HARTFORD, CT HARTFORD, CT SPRINGFIELD, MA SPRINGFIELD, MA NEW LONDON, CT	additional information
FCC. For Mexicar Note: If you are u  1. CALL SIGN  WCCT-1  WCCT-2  WCCT-3  WCTX-1  WCTX-2  WEDH-1  WEDH-2  WEDH-3  WFSB-1  WFSB-3  WGBY-1  WHPX-1  WRDM-1	2. B'CAST CHANNEL NUMBER 20.1 20.2 20.3 59.1 59.2 24.1 24.2 24.3 3.1 3.2 3.3 57.1 40.1 26.1 19.1	ch station. Foons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  I-M  I-M  I-M  E  E-M  N  I-M  I-M  I-M  I-M  II-M  II-M	V.S. stations, we the name of the name of the name of the use a separate of the separate of th	list the community he community with space G for each AA  5. BASIS OF CARRIAGE	ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed. channel line-up.  6. LOCATION OF STATION  WATERBURY, CT WATERBURY, CT WATERBURY, CT NEW HAVEN, CT NEW HAVEN, CT HARTFORD, CT SPRINGFIELD, MA SPRINGFIELD, MA NEW LONDON, CT HARTFORD, CT HARTFORD, CT	additional information
FCC. For Mexicar Note: If you are u  1. CALL SIGN  WCCT-1  WCCT-2  WCCT-3  WCTX-1  WCTX-2  WEDH-1  WEDH-2  WEDH-3  WFSB-1  WFSB-3  WGBY-1  WGGB-1  WHPX-1  WRDM-2	2. B'CAST CHANNEL NUMBER  20.1 20.2 20.3 59.1 59.2 24.1 24.2 24.3 3.1 3.2 3.3 57.1 40.1 26.1 19.1	ch station. Foons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  I-M  I-M  E  E-M  E-M  N  I-M  I-M  I-M  E  N  I-M  I-M  I-M  I-M  I-M  I-M  I-M	V.S. stations, to the name of the name of the name of the use a separate of the separate of th	list the community he community with space G for each AA  5. BASIS OF CARRIAGE	ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  WATERBURY, CT WATERBURY, CT WATERBURY, CT NEW HAVEN, CT NEW HAVEN, CT HARTFORD, CT	additional information
FCC. For Mexicar Note: If you are u  1. CALL SIGN  WCCT-1  WCCT-2  WCCT-3  WCTX-1  WCTX-2  WEDH-1  WEDH-3  WFSB-1  WFSB-3  WGBY-1  WGGB-1  WHPX-1  WRDM-1	2. B'CAST CHANNEL NUMBER 20.1 20.2 20.3 59.1 59.2 24.1 24.2 24.3 3.1 3.2 3.3 57.1 40.1 26.1 19.1	ch station. Foons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  I-M  I-M  I-M  E  E-M  N  I-M  I-M  I-M  I-M  II-M  II-M	V.S. stations, we the name of the name of the name of the use a separate of the separate of th	list the community he community with space G for each AA  5. BASIS OF CARRIAGE	ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed. channel line-up.  6. LOCATION OF STATION  WATERBURY, CT WATERBURY, CT WATERBURY, CT NEW HAVEN, CT NEW HAVEN, CT HARTFORD, CT SPRINGFIELD, MA SPRINGFIELD, MA NEW LONDON, CT HARTFORD, CT HARTFORD, CT	additional information

**ACCOUNTING PERIOD: 2022/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COXCOM, LLC 061273 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA (2) 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) **NUMBER** STATION (If Distant) WTIC-3 I-M HARTFORD, CT 61.3 No WTIC-4 61.4 I-M No HARTFORD, CT WTNH-1 8.1 N No **NEW HAVEN, CT** 8.2 I-M WTNH-2 No **NEW HAVEN, CT** WUTH-1 47.1 ı No HARTFORD, CT **WUVN-1** 18.1 ı No HARTFORD, CT WVIT-1 30.1 Ν No **NEW BRITAIN, CT** WVIT-2 30.2 I-M No **NEW BRITAIN, CT** WVIT-3 I-M 30.3 No **NEW BRITAIN, CT** 

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM, LLC

SYSTEM ID#
Name
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WEDH-1	24.1	E	No		HARTFORD, CT
WFSB-1	3.1	N	No		HARTFORD, CT
WGBH-1	2.1	E	No		BOSTON, MA
WGBYDT-1	57.1	E	No		SPRINGFIELD, MA
WGBYDT-2	57.2	E-M	No		SPRINGFIELD, MA
WGBYDT-3	57.3	E-M	No		SPRINGFIELD, MA
WGBYDT-4	57.4	E-M	No		SPRINGFIELD, MA
WGGB-1	40.1	N	No		SPRINGFIELD, MA
WGGB-2	40.2	I-M	No		SPRINGFIELD, MA
WRDM-1	19.1	I	No		HARTFORD, CT
WRDM-2	19.2	I-M	No		HARTFORD, CT
WSHM-5	33.1	N	No		SPRINGFIELD, MA
WUTH-1	47.1	I	No		HARTFORD, CT
WUVN-1	18.1	I	No		HARTFORD, CT
WWLP-1	22.1	N	No		SPRINGFIELD, MA
WWLP-2	22.2	I-M	No		SPRINGFIELD, MA
WWLP-4	22.4	I-M	No		SPRINGFIELD, MA

G

Primary Transmitters: Television

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2022/2

TORWOODE. TAGE 5.						ACCOUNTING	1 LINIOD. 2022/2
COXCOM, LLC	CABLE SYST	ГЕМ:			S	061273	Name
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG				
In General: In space I, identi substitute basis during the ad explanation of the programm 1. SPECIAL STATEMENT	ccounting pe ing that mus	eriod, under spe st be included ir	ecific present and former FC in this log, see page (v) of the	C rules, regula	ations, or authorizations.	For a further	Substitute Carriage:
							Special
During the accounting per broadcast by a distant stat	ion?	-		-	Yes	XNo	Statement and Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the progran 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 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E PROGRA itute progra ce, please a of every noi distant stati gulations, o tion. Do no .ucy" or "NE n was broac sign of the s idcast static adian static adian static adian for the Example: a er "S" if the and regulatic ogramming	IMS Im on a separa attach additiona nnetwork televi ion and that you ir authorizationa it use general of BA Basketball: deast live, enter station broadca on's location (the ons, if any, the when your syste e substitute program on program carrie	te line. Use abbreviations val pages. Ision program (substitute pur cable system substitute s. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nating the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:	wherever pos rogram) that, d for the prog eral instructio "basketball". lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y	during the accounting gramming of another state on slocated in the paper List specific program ansed by the FCC or, in nitified).  List the times accurated as:30 p.m. should be our system was required ter "P" if the listed pro	ion th	
	I IRSTITI IT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
					<u> </u>		
					<u> </u>		
						"	
					_		
						''	
					<u> </u>	"	
						'	
						'	

ACCOUNTING PERIOD: 2022/2 FORM SA3E, PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 061273 COXCOM, LLC PART-TIME CARRIAGE LOG J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime 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

	JANE. PAGE 7.  IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID	t l
	XCOM, LLC	061273	Manaa
Inst all a (as	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second entifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	ndary transmission service	K Gross Receipts
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 6,901,773.93 (Amount of gross receipts)	
• Con • Con • If you fee • If you acco	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: inplete block 1, showing your minimum fee. inplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the an from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable participation of the companying this form and attach the schedule to your statement of account.	arts of the DSE Schedule	L Copyright Royalty Fee
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.		
3 be			
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shot block 4 below.	uld be entered on line	
Block 1	MINIMUM FEE: 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.	e is 1.064 percent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 6,901,773.93	
	This is your minimum fee.	\$ 73,434.87	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period of Yes—Complete the DSE schedule.	nn 4, you must check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -	
	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. 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	\$ 73,434.87	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 74,159.87	form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #		additional 1665.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Signeral instructions located in the paper SA3 form and the Excel instructions to		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM
Name	COXCOM, LLC 0612
M Channels	CHANNELS 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.
	1. Enter the total number of channels on which the cable system carried television broadcast stations
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)
Be Contacted for Further Information	Name John Tonellato Telephone (504) 358-6422
	Address 6205B PEACHTREE DUNWOODY ROAD - 21 FLOOR (Number, street, rural route, apartment, or suite number)
	ATLANTA, GEORIGA 30328  (City, town, state, zip)
	Email John.Tonellato@cox.com Fax (optional) N/A
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]
	X /s/ Sanford Mencher
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "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
	Title: SVP, Finance and Accounting  (Title of official position held in corporation or partnership)
	Date: February 14, 2023

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 the 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 telephor 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 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#	Nome
COXCOM, LLC 061273	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	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 underpayment.  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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	
(interest 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 assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.  ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filling.	
Owner Address	
First community served Accounting period	
ID number	1

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 th 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.

### INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carriec 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 accoun (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 C 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 particula 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 CFF 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 accound 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 statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
  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.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE
 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

#### 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.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) 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:

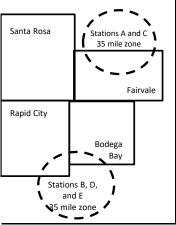
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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		Identification o	f 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

		<b>40,00.100</b>			
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: 2022/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

SUM OF DSEs of CATEGORY "0" STATIONS: - Add the Ses of each status in. Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "0" in column is in the column headed "DSE": for each independent station, give the USL as "1.0"; for each network or noncommor of DSEs for Category "0" Stations  Add rows as necessary.  Add rows as necessary to copy all formula into new rows.  Add rows as necessary to copy all formula into new rows.	1	LEGAL NAME OF OWNER OF CABLE COXCOM, LLC	SYSTEM:			S	YSTEM ID# 061273					
Computation of DSEs for Category "O" Stations  Add rows as necessary. Remember to copy all formula into new rows.		Add the DSEs of each station. Enter the sum here and in line.				0.00						
Stations  CALL SIGN DSE	Computation	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column $\xi$ of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-										
Add rows as necessary. Remember to copy all formula into new rows.	Category "O"			CATEGORY "O" STATION	S: DSEs							
necessary. Remember to copy all formula into new rows.	Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
necessary. Remember to copy all formula into new rows.												
Remember to copy all formula into new rows.    Comparison of the copy and the copy	Add rows as											
Remember to copy all formula into new rows.    Comparison of the copy and the copy	necessary.						<mark></mark>					
formula into new rows.         ————————————————————————————————————												
	formula into new											
	rows.											
							<u> </u>					
							<mark></mark>					
							<mark></mark>					
							<mark></mark>					

Name	COXCOM, LI	OWNER OF CABLE SYSTEM:					S	061273					
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).  Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.												
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs											
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. N JRS C ED BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAGI VALUE	5. TYPE	6. DS	SE.					
			÷ ÷				_						
			÷			x	=						
			÷		<mark></mark>	x x	=						
			÷			X	=						
			••••••••••• <del>•</del>			x x							
	Add the DSEs	OF CATEGORY LAC Soft each station.  m here and in line 2 of page.		<b>.</b> ,	▶	0.00							
Computation of DSEs for Substitute-Basis Stations	Instructions:  Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:  • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.  Column 3: Enter the number of days in the calendar year: 365, except in a leap year.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the thirc decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form)												
			1	1		TION OF DSEs							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE					
		÷		=		÷		=					
						÷ ÷		=					
		÷		=		÷		=					
		•		=		÷		=					
	Add the DSEs	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa		ə,		0.00							
5		ER OF DSEs: Give the am sapplicable to your system		s in parts 2, 3, and	d 4 of this schedul	e and add them to provide	e the tota						
Total Number	1. Number o	f DSEs from part 2 ●			<b>&gt;</b>		0.00						
of DSEs		f DSEs from part 3 •			· · ·	<b>-</b>	0.00						
	3. Number o	f DSEs from part 4 ●			<b>&gt;</b>	•	0.00						
	TOTAL NUMBE	R OF DSEs						0.00					

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/2

COXCOM, LLC		SYSTEM:					S	YSTEM ID# 061273	Name
Instructions: Bloc In block A: • If your answer if schedule.	"Yes," leave the re	emainder of p	•	7 of the DSE sch	edule blank a	nd complete p	art 8, (page 16) o	f the	6
If your answer if	"No," complete blo			ELEVISION M	ADVETS				Computation of
<u> </u>	,	outside of all	major and sma	ller markets as de	efined under s			gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 one 25, 1981. For fore letter M below Act of 2010.)	urther explan	ation of permit	ted stations, see t	the	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carri 76.61(b)(c)] B Specialty stati C Noncommerce D Grandfathers for E Carried pursua *F A station pre	ed pursuant on as defined al education of the station (76. or DSE schedant to individually carries of the station when the station will be station will be seen the station when	ulations cited b to the FCC ma d in 76.5(kk) (7 d in station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin vithin grade-B	6.59(d)(1), 76.61(9(c), 76.61(d), 76 raph regarding su CC rules (76.7) ne or substitute be contour, [76.59(d)	ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a).63(a) referring abstitution of goasis prior to June 2007.	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered s	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in columr			worksheet on pag	e 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	
								0.00	
		В	LOCK C: CO	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			·-		
Line 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove			1		
Line 3: Subtract (If zero, I	line 2 from line 1 eave lines 4–7 b			•		rate.		0.00	
Line 4: Enter gro	ess receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply l	ine 4 by 0.0375	and enter si	um here				X		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, space	ce L (page 7)	)		0.00	

LEGAL NAME OF C	OWNER OF CABLES	SYSTEM:					S	STEM ID# 061273	
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation o 3.75 Fee
									3.73166
***************************************									
						•			
***************************************						***************************************			
						***************************************			
						•			
						•			
						•			
	···					•			-

Name	COXCOM, LLC	NER OF CABLE SYSTE	M:			SYSTEM ID#! 061273						
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	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 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  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 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											
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE						
7	Instructions: Block A In block A:	A must be completed.										
Computation of the	•	"Yes," complete bloc		nort 9 of the DSE school	ulo							
Syndicated	If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET											
Exclusivity			BLOCK A. MAJOK	TELEVISION WARKI								
Surcharge	Is any portion of the or	cable system within a t	op 100 major television ma	rket as defned by section 7	6.5 of FCC rules in effect	June 24, 1981?						
	X Yes—Complete	blocks B and C .		No—Proceed to	part 8							
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations	BLOCK	C: Computation of Exer	mpt DSEs						
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places a grad	. ,	Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159)								
		tation below with its app and proceed to part 8.	propriate permitted DSE	Yes—List each station below with its appropriate permitted DSE  X  No—Enter zero and proceed to part 8.								
	CALL SIGN	DSE CA	LL SIGN DSE	CALL SIGN	DSE CALL SIG	GN DSE						
		TO	TAL DSEs 0.00		TOTAL D	SEs <b>0.00</b>						

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: COXCOM, LLC	SYSTEM ID# 061273	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	6,901,773.93	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?  X Yes—Complete section 3 below.  No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      Yes—Complete part 9 of this schedule.      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 D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	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.		
OD	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	<u>,</u>	
	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 D 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)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
- 100	(	COXCOM, LLC	061273
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 Computation of Base Rate Fee	6 was o In blo If you If you blank What is	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belock B.	w
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$	_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.).	
	Section 3	If the figure in section 2 is <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)	_
		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	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/2

	AME OF OWNER OF CABLE SYSTEM: SOM, LLC	6YSTEM ID# 061273	Name
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) ▶	_	
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) <b>&gt;</b>		of
	C. Multiply line B by 3.000 and enter here <b>\$</b>	_	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	
	Dase Nate Fee	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas	t signals shall	
	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel	•	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take adv	antage of this	of
exclusi	on, you must:		Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to		Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine tl and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for ε		Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	g p	Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in parampute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belocable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
Step 1	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 static to that community.	on you	for Partially Permitted Stations
Step 2 outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loce the station's local service area. A subscriber located outside the local service area of a station is distant to that station to the token, the station is distant to the subscriber.)		
subscri	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	m's subscriber	
groups In each	section:		
	fy the communities/areas represented by each subscriber group.		
• Give	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all obers in the group.	of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in if this schedule; or,	parts 2, 3,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo 6 of this schedule.	ock B,	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in	structions	
<ul> <li>Comp page.</li> <li>DSEs f</li> </ul>	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the part In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 061273 COXCOM, LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE	R OF CABL	E SYSTEM:				Sì	O61273	Name
BI		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	P	
COMMUNITY/ AREA				COMMUNITY/ AREA	MMUNITY/ AREA SUBGROUP 1		<u> </u>	<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
					<u> </u>			Partially Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 199	,253.35	Gross Receipts Secon	d Group	\$ 6,70	2,520.58	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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 G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
				II				
Base Rate Fee: Add th Enter here and in block	e <b>base rat</b> 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes a	bove.	\$	0.00	

LEGAL NAME OF OWNE	ER OF CABI	LE STSTEM:					YSTEM ID# 061273	Name
В				ATE FEES FOR EACH				
		SUBSCRIBER GRO	UP			SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	HOLLA	ND, MA		COMMUNITY/ AREA	SUBGR	ROUP 1	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially
								Distant
			<u> </u>		<b>.</b>			Stations
					<b></b>			
			<del>-  </del>		<b>.</b>	···		
	<u></u>		<u>-</u>		<b>.</b>			
	<u></u>		<u> </u>		<b></b>			
T			0.00			П	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$ 199</u>	,253.35	Gross Receipts Secon	d Group	\$ 6,70	02,520.58	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
					<b></b>			
			<u> </u>		<b>.</b>			
					<b></b>			
						·		
					<b></b>			
			<u>.  </u>		<b>.</b>			
		••••••••••						
Total DSEs			0.00	Total DSEs	· ————		0.00	
				Gross Receipts Fourth	Group	\$	0.00	
	Group	\$	0.00	Oross receipts rounti	•	<u>·</u>		
Gross Receipts Third 0								
		\$	0.00	Base Rate Fee Fourth		\$	0.00	
Gross Receipts Third (	Group	\$	0.00		Group			

ACCOUNTING PERIOD: 2022/2

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  COXCOM, LLC  SYSTEM ID  06127	
Name		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso 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 of	First 50 major television market	☐ Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	ercial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity	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	
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter zero.	
for Partially Distant Stations	29 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. 29 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show 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 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the 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 First Group	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 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE Third Group\$	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ein the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown