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 STATEMENT:				
Accounting Period	2022/2				
	In the state of th				
<b>B</b> Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account in the conduction of the country of the conduction of the country of the cable system of the cable system. If the country of the cable system is a single statement of account and royalty fee payment covering the entire accountry of the cable system. If the owner is a cable system of the cable system. If the owner is a cable system is a cable system of the cable system. If the owner is a cable system of the cable system. If the owner is a cable system of the cable system. If the owner is a cable system of the cable system of the cable system of the cable system. If the owner is a cable system of the cable system	ess of the cable syst or on the last day of t ounting period	em he accounting period should so		
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	COXCOM, LLC				
				00732320222	
				007323 2022/2	
	6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR				
	ATLANTA, GEORIGA 30328				
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of				
System	IDENTIFICATION OF CABLE SYSTEM:				
oyo.c	1				
	MAILING ADDRESS OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or suite number)				
	(City, town, state, zip code)				
	(City, town, state, zip cooe)				
D	<b>Instructions:</b> For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and reli	st on page 1b	
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	PARMA	ОН			
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	
Sample	Alda	MD	Α	1	
p	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			007323				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings							
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home 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., or all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	he column blank	. If you report any	stations				
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) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	d a subscriber gr						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
PARMA	ОН			First			
BEREA	OH			Community			
BROADVIEW HEIGHTS	OH						
BROOKLYN HEIGHTS	OH						
FAIRVIEW PARK	OH						
INDEPENDENCE LAKEWOOD	OH OH			See instructions for additional information			
MIDDLEBURG HEIGHTS	ОН			on alphabetization.			
OLMSTED FALLS	OH						
OLMSTED TOWNSHIP	ОН						
PARMA HEIGHTS	ОН						
ROCKY RIVER	ОН			Add rows as necessary.			
SEVEN HILLS	ОН						
				1			

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

COXCOM, LLC

SYSTEM ID#

007323

## Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	8,517	\$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	4	\$25-\$50.00	
Commercial	651	\$25-\$50.00	
Converter			
Residential	54,908	\$ 6.00	
Non-residential	4,014	\$ 6.00	
	1	1	

## F

Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

FORM SA3E. PAGE	3.					.1
	OWNER OF CABLE S'	YSTEM:			SYSTEM ID#	Namo
COXCOM, LI					007323	1
PRIMARY TRANSM						
carried by your cab FCC rules and regu 76.59(d)(2) and (4) substitute program	ole system during t ulations in effect o ), 76.61(e)(2) and basis, as explaine	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period, except 181, permitting the referring to 76.6 paragraph.	t (1) stations carring the carriage of cert (1)(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
Substitute Bas basis under specifo				s carried by your	cable system on a substitute program	Television
Do not list the sta station was carr	ition here in space ied only on a subs	G—but do lis titute basis.	st it in space I (th	·	ent and Program Log)—if the tute basis and also on some other	
basis. For furthe in the paper SA		erning substi	tute basis statio	ns, see page (v) o	of the general instructions located	
Column 1: List each multicast stre	each station's call am associated wit	h a station ac	cording to its ov	ver-the-air designa	s such as HBO, ESPN, etc. Identify ation. For example, report multi- h stream separately; for example	
WETA-simulcast). Column 2: Give	e the channel num	ber the FCC h	nas assigned to	the television stat	ion for broadcasting over-the-air in	
its community of lic on which your cable	•		annei 4 in Wash	nington, D.C. This	may be different from the channel	
Column 3: Indiceducational station (for independent m	cate in each case value in each	whether the so etter "N" (for noncommercial	etwork), "N-M" ( al educational), d	(for network multion for "E-M" (for nonc	ependent station, or a noncommercial cast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form.	
Column 4: If the	e station is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local s						
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						
cable system carrie	ed the distant stati	on during the	accounting peri	od. Indicate by er	tering "LAC" if your cable system	
cable system carried the distant	ed the distant stati station on a part-ti	on during the me basis bec	accounting peri ause of lack of a	od. Indicate by er activated channel	tering "LAC" if your cable system	
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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.

1. CALL SIGN  2. B'CAST CHANNEL NUMBER  NUMBER  NUMBER  NUMBER  NUMBER  NO  STATION  NO  SHAKER HEIGHTS, OH  CLEVELAND, OH  CLEVELAND, OH  CANTON, OH  WUAB-1  43.1  I-M  NO  CANTON, OH  WUAB-2  43.2  I-M  NO  CLEVELAND, OH  CANTON, OH  WUAB-3  43.3  I-M  NO  CLEVELAND, OH  CANTON, OH  CORAIN, OH			CHANN	EL LINE-UP	JP <mark>AA (2)</mark>		
WOIO-3         19.3         I-M         No         SHAKER HEIGHTS, OH           WQHS-1         61.1         N         No         CLEVELAND, OH           WQHS-3         61.3         I-M         No         CLEVELAND, OH           WRLM-1         47.1         I         No         CANTON, OH           WUAB-1         43.1         I-M         No         LORAIN, OH           WUAB-2         43.2         I-M         No         LORAIN, OH           WUAB-3         43.3         I-M         No         CLEVELAND, OH           WVIZ-1         25.1         E         No         CLEVELAND, OH           WVIZ-2         25.2         E-M         No         CLEVELAND, OH           WVIZ-3         25.3         E-M         No         CLEVELAND, OH           WVIZ-4         25.4         E-M         No         CLEVELAND, OH		CHANNEL	OF		CARRIAGE	6. LOCATION OF STATION	
WQHS-1         61.1         N         No         CLEVELAND, OH           WQHS-3         61.3         I-M         No         CLEVELAND, OH           WRLM-1         47.1         I         No         CANTON, OH           WUAB-1         43.1         I-M         No         LORAIN, OH           WUAB-2         43.2         I-M         No         LORAIN, OH           WUAB-3         43.3         I-M         No         CLEVELAND, OH           WVIZ-1         25.1         E         No         CLEVELAND, OH           WVIZ-2         25.2         E-M         No         CLEVELAND, OH           WVIZ-3         25.3         E-M         No         CLEVELAND, OH           WVIZ-4         25.4         E-M         No         CLEVELAND, OH	WOIO-2	19.2	I-M	No		SHAKER HEIGHTS, OH	
WQHS-3         61.3         I-M         No         CLEVELAND, OH           WRLM-1         47.1         I         No         CANTON, OH           WUAB-1         43.1         I-M         No         LORAIN, OH           WUAB-2         43.2         I-M         No         LORAIN, OH           WUAB-3         43.3         I-M         No         CLEVELAND, OH           WVIZ-1         25.1         E         No         CLEVELAND, OH           WVIZ-2         25.2         E-M         No         CLEVELAND, OH           WVIZ-3         25.3         E-M         No         CLEVELAND, OH           WVIZ-4         25.4         E-M         No         CLEVELAND, OH	WOIO-3	19.3	I-M	No		SHAKER HEIGHTS, OH	
WRLM-1         47.1         I         No         CANTON, OH           WUAB-1         43.1         I-M         No         LORAIN, OH           WUAB-2         43.2         I-M         No         LORAIN, OH           WUAB-3         43.3         I-M         No         LORAIN, OH           WVIZ-1         25.1         E         No         CLEVELAND, OH           WVIZ-2         25.2         E-M         No         CLEVELAND, OH           WVIZ-3         25.3         E-M         No         CLEVELAND, OH           WVIZ-4         25.4         E-M         No         CLEVELAND, OH	WQHS-1	61.1	N	No		CLEVELAND, OH	
WUAB-1         43.1         I-M         No         LORAIN, OH           WUAB-2         43.2         I-M         No         LORAIN, OH           WUAB-3         43.3         I-M         No         LORAIN, OH           WVIZ-1         25.1         E         No         CLEVELAND, OH           WVIZ-2         25.2         E-M         No         CLEVELAND, OH           WVIZ-3         25.3         E-M         No         CLEVELAND, OH           WVIZ-4         25.4         E-M         No         CLEVELAND, OH	WQHS-3	61.3	I-M	No		CLEVELAND, OH	
WUAB-2         43.2         I-M         No         LORAIN, OH           WUAB-3         43.3         I-M         No         LORAIN, OH           WVIZ-1         25.1         E         No         CLEVELAND, OH           WVIZ-2         25.2         E-M         No         CLEVELAND, OH           WVIZ-3         25.3         E-M         No         CLEVELAND, OH           WVIZ-4         25.4         E-M         No         CLEVELAND, OH	WRLM-1	47.1	I	No		CANTON, OH	
WUAB-3         43.3         I-M         No         LORAIN, OH           WVIZ-1         25.1         E         No         CLEVELAND, OH           WVIZ-2         25.2         E-M         No         CLEVELAND, OH           WVIZ-3         25.3         E-M         No         CLEVELAND, OH           WVIZ-4         25.4         E-M         No         CLEVELAND, OH	WUAB-1	43.1	I-M	No		LORAIN, OH	
WVIZ-1         25.1         E         No         CLEVELAND, OH           WVIZ-2         25.2         E-M         No         CLEVELAND, OH           WVIZ-3         25.3         E-M         No         CLEVELAND, OH           WVIZ-4         25.4         E-M         No         CLEVELAND, OH	WUAB-2	43.2	I-M	No		LORAIN, OH	
WVIZ-2         25.2         E-M         No         CLEVELAND, OH           WVIZ-3         25.3         E-M         No         CLEVELAND, OH           WVIZ-4         25.4         E-M         No         CLEVELAND, OH	WUAB-3	43.3	I-M	No		LORAIN, OH	
WVIZ-3         25.3         E-M         No         CLEVELAND, OH           WVIZ-4         25.4         E-M         No         CLEVELAND, OH	WVIZ-1	25.1	Е	No		CLEVELAND, OH	
WVIZ-4 25.4 E-M No CLEVELAND, OH	WVIZ-2	25.2	E-M	No		CLEVELAND, OH	
	WVIZ-3	25.3	E-M	No		CLEVELAND, OH	
WVPX-1 23.1 I No AKRON, OH	WVIZ-4	25.4	E-M	No		CLEVELAND, OH	
	WVPX-1	23.1	I	No		AKRON, OH	

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 007323 COXCOM, LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** 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). LOCATION OF STATION CALL SIGN CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

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

COXCOM, LLC	CABLE SYST	EM:			S	007323	Name
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG				
In General: In space I, identi substitute basis during the ac explanation of the programm	ccounting pe ing that mus	eriod, under spe st be included in	cific present and former FC this log, see page (v) of the	C rules, regula	ations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				Carriage: Special
<ul> <li>During the accounting per broadcast by a distant stat</li> </ul>		r cable system	carry, on a substitute basi	s, any nonne	twork television program		Statement and Program Log
<b>Note:</b> If your answer is "No' log in block 2.	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ust complete the progran	n	
2. LOG OF SUBSTITUTE	PROGRA	MS					
In General: List each subst clear. If you need more spa Column 1: Give the title 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 given Column 6: State the time to 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 the state of the state of the present the state of the sta	itute progra ce, please a of every nor distant stati gulations, o tion. Do no .ucy" or "NE n was broad sign of the s adcast static adian static ath and day /e "5/7." es when the Example: a er "R" if the and regulatic ogramming	m on a separa attach additional network televition and that your authorizations to use general of the second and the second an	al pages. sion program (substitute pur cable system substitute pur cable system substitute s. See page (vi) of the genategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N sting the substitute programe community to which the community with which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, d for the progeral instruction "basketball".  lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y; enter the let	during the accounting ramming of another status located in the paper List specific program  nsed by the FCC or, in ntified). numerals, with the mon List the times accuratel 8:30 p.m. should be our system was required ter "P" if the listed pro	th y	
effect on October 19, 1976.				T WHE	EN SUBSTITUTE		
S	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
					_		
						"	
					<u> </u>		
					<u> </u>		
					_		
					_		
						'	
					<u> </u>		
					<u> </u>	"	
					_		
					_		

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

Name	COXCOM, L		SYSTEM:						SYSTEM ID# 007323
	,								007323
Part-Time Carriage Log	time carriage du hours your syst Column 1 (Column 5 of spa Column 2 (Dourred during the Give the mont "4/10."  • State the start television statio "app." Example	is space ties in ue to lack of act em carried that call sign): Give ace G. lates and hour he accounting ph and day when ing and ending n's broadcast d: "12:30 a.m.—3	with column 5 of sp tivated channel cap station. If you need the call sign of eve rs of carriage): For eriod. In the carriage occur times of carriage to lay, you may give a	acity, you are re I more space, pl ry distant station each station, lis rred. Use numer the nearest quan approximate e	equire ease n wh et the rals, arter endir	ed to complete to attach addition ose basis of care dates and hou with the month of hour. In any cang hour, followed	his log giving the lad pages. Triage you idented as when part-ting first. Example: the se where carried by the abbrevers.	ne total dates and iffied by "LAC" in ne carriage ocfor April 10 give age ran to the endiation	
			DATES	AND HOURS (	OF P	ART-TIME CAF	RRIAGE		
		WHEN	I CARRIAGE OCCL	JRRED			WHEN	I CARRIAGE OC	CURRED
	CALL SIGN		HOU	RS		CALL SIGN		HC	URS
		DATE	FROM	ТО			DATE	FROM	ТО
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									_
			_						_
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			_						_
			_						_
			<u> </u>						
									<del>_</del>
									_
									_
			_						_

	SA3E, PAGE 7.	SYSTEM ID	#1
	AL NAME OF OWNER OF CABLE SYSTEM:  XCOM, LLC	00732	Mana
Inst all a (as pag	COSS 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 secondentifed in space E) during the accounting period. For a further explanation of how to complete (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	syndary transmission service compute this amount, see \$\   \    \    \  \qquad   \qquad	K Gross Receipts
IIVIP	ORTANT. Four must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
<ul><li>Con</li><li>Con</li><li>If you</li><li>If you</li></ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: helete block 1, showing your minimum fee. helete block 2, showing whether your system carried any distant television stations. For under the system did not carry any distant television stations, leave block 3 blank. Enter the and from block 1 on line 1 of block 4, and calculate the total royalty fee. For unsystem did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ${\bf k}$ 3 below.	e entered on line 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ slow.	entered on line 2 in block	
▶ If pa	int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho 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.		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 9,250,018.76	
	Enter the result here. This is your minimum fee.	\$ 98,420.20	
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 Yes—Complete the DSE schedule.    X   No—Leave block 3 below blank and on the stations of the property o	nn 4, you must check	
Block 3	Line 1. <b>BASE RATE FEE:</b> 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	<u> </u>	
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ -	
Block 4	Line 1. 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	\$ 98,420.20	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		deposits under Section 111(d)(7)
	(Interest Worksheet)	0.00	should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 99,145.20	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (see general instructions located in the paper SA3 form and the Excel instructions to		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE						
Name	COXCOM, LLC 00	7323					
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	er Name John Tonellato Telephone (504) 358-6422						
	Address 6205B PEACHTREE DUNWOODY ROAD - 21 FLOOR (Number, street, rural route, apartment, or suite number)						
	(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, <i>but only one</i> , of the boxes.)						
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 identifed 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#	Nama
COXCOM, LLC 007323	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding 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 Name 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 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 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:

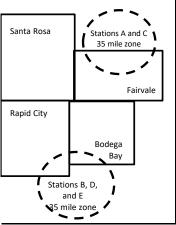
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

		Ψ0,0000				
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)

1	LEGAL NAME OF OWNER OF CABLE COXCOM, LLC	S	YSTEM ID# 007323							
	• Add the DSEs of each station. Enter the sum here and in line	0.00								
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 \( \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 noncommercial educational station, give the DSE as ".25."									
Category "O"			CATEGORY "O" STATION	S: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as						<u> </u>				
necessary.										
Remember to copy all				<b>.</b>		<b></b>				
formula into new										
rows.										
						<b></b>				
						<b>.</b>				
						<u> </u>				
						<b></b>				
1	L	ik		<u> </u>	mil	- <b>K</b>				

Name	COXCOM, LI	WNER OF CABLE SYSTEM:					S	007323	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	et the call sign of all distar : For each station, give the correspond with the inform : For each station, give the : Divide the figure in colu at least to the third decim : For each independent s	ne number of hours nation given in spane total number of I mn 2 by the figure nal point. This is the station, give the "typumn 4 by the figure	your cable system ce J. Calculate or nours that the stat in column 3, and g e "basis of carriag pe-value" as "1.0." e in column 5, and	m carried the stati ally one DSE for ea- tion broadcast ove give the result in c e value" for the st For each network	on during the accounting ach station er the air during the accoulecimals in column 4. Thi ation.  k or noncommercial educ column 6. Round to no le	unting period. s figure must ational station,		
Capacity		C	ATEGORY LA	C STATIONS:	COMPUTATI	ON OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. N JRS C ED BY S	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	SE.	
			÷		=	x x	_		
			÷			x	=		
			÷ ÷		=	<u>x</u>	=		
			÷ ÷	:	=	x	=		
			÷		=	x	=		
	Add the DSEs	OF CATEGORY LAC So of each station. m here and in line 2 of pa		e,		0.00			
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe     Broadcast o space I).     Column 2: I at your option.     Column 3: I Column 4: I	e the call sign of each star by your system in substit ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE (	tution for a progran as shown by the let ink programs during number of live, nor pond with the infor in the calendar ye in 2 by the figure in	n that your system ter "P" in column that optional carri metwork program mation in space I. ar: 365, except in column 3, and giv	n was permitted to 7 of space I); and age (as shown by the s carried in substict a leap year.	delete under FCC rules he word "Yes" in column 2 tution for programs that w lumn 4. Round to no less	of vere deleted than the thirc	n)	
			1	1		S: COMPUTATION 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		e,	▶	0.00			
5		ER OF DSEs: Give the ams applicable to your systen		es in parts 2, 3, an	d 4 of this schedul	e and add them to provide	e the tota		
Total Number		f DSEs from part 2●				•	0.00		
of DSEs	2. Number of	f DSEs from part 3●				•	0.00		
	3. Number of	f DSEs from part 4 ●			<b>)</b>	<b>-</b>	0.00		
	TOTAL NUMBE	R OF DSEs				<b>&gt;</b>		0.00	

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

COXCOM, LLC		SYSTEM:					S	YSTEM ID# 007323	Name
Instructions: Bloc In block A: • If your answer if			part 6 and part	7 of the DSE sch	edule hlank a	nd complete n	art 8 (nage 16) o	f the	6
schedule.		•	•	7 Of the DOL 3010	cuale blank a	na complete pi	arto, (page 10) o	i tilo	0
If your answer if	"No," complete blo			ELEVISION M	ARKETS				Computation of
		outside of all i	major and sma	ıller markets as de	efined under s			gulations in	3.75 Fee
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry								
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.  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, 198′  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:		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	
								0.00	
		В	LOCK C: CO	MPUTATION OF	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 froi	m block B abo	ove			,		
Line 3: Subtract (If zero, l	line 2 from line 1 eave lines 4–7 b			,		i 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 li	ine 4 by 0.0375	and enter su	ım here				. X		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				^		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	ce L (page 7 <u>)</u>	)		0.00	

EGAL NAME OF C	OWNER OF CABLE S	SYSTEM:					S'	YSTEM ID# 007323	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)		_	_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
									0.70100
						•			
						•			
***************************************									
								<b></b>	
								<b></b>	

NI	LEGAL NAME OF OWN	NER OF CABL	E SYSTEM:					SYS	STEM ID#
Name	COXCOM, LLC								007323
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Find Ampart-time spansor 76.59) B—Late-night praces 76.61) S—Substitute congener Column 5: Indicate Column 6: Comparin block	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty programming: (e)(3)). arriage under all instructions the station's ethe DSE fig. B, column 3 information yether by the station's ethe station's ethe station's ethe station's ethe programming.	identifed by the letter "F" rerning part-time and subletter "F" in column 2 of period, occurring betwee riage and DSE occurred arried by listing one of the those in effect on June 2 asis, of specialty program (1)).  Is 76.59(d)(3), 76.61(e)(3) authorizations. For further iod as computed in parts list the smaller of the two	ostitute carripart 6 of the part 6 of figures he part 6 of figures he	riage. e DSE schedule 1, 1978 and Jur 1/1) I letters er FCC rules, se (referring to ion, see page (v 4 of this schedule ere. This figure	ene 30, 198 ections  vi) of the lie should be	enterec		
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ED ON A PART-TIME AN	JD SUBSTI	TUTE BASIS		
	1. CALL SIGN	2. PRIO	OR 3. AC	COUNTING ERIOD	4. BASIS OF CARRIAGE	5. PI	RESENT DSE		RMITTED OSE
		•							
		•							
		•							
<b>7</b> Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. 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 o	rules in effect J	une 24, 19	981?					
	BLOCK B: C:	arriage of VH	F/Grade B Contour	Stations	BLOCK	C: Compi	utation of Exem	nt DSFs	
	Is any station listed in commercial VHF stati or in part, over the ca	n block B of pa ion that place	art 6 the primary st	ream of a	Was any station listed nity served by the cab to former FCC rule 76	in block B	of part 7 carrie	d in any c	
	Yes—List each s  X No—Enter zero a		th its appropriate per part 8.	mitted DSE	Yes—List each st  X No—Enter zero a			ite permitte	d DSE
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIG	N	DSE
	5.125.5.				3.223.31		222 0.01		-
					-				
				<u>"</u>					
		•							
		•							
		1	-						
		!	TOTAL DSEs	0.00			TOTAL DSE	Ξs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: COXCOM, LLC	SYSTEM ID# 007323	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	9,250,018.76	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  X Yes—Complete section 3 below.		
	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.  X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the 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.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.		
	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#									
Hamo	(	COXCOM, LLC	007323									
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.										
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)										
of the Syndicated		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										
Computation of Base Rate Fee	You mu 6 was 0 In blo If you If you blank What is	rou 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 yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?										
	L	Yes—Complete part 9 of this schedule.  X No—Complete the following sections.										
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE										
	Section 1	Enter the amount of gross receipts from space K (page 7)	76_									
	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.).	.00									
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.										
		A. Enter 0.01064 of gross receipts  (the amount in section 1)										
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶ _ \$ 64,842.63										
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here										
		D. Multiply line B by line C and enter here										
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)										
		Base Rate Fee	<u>-</u>  .									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  COXCOM, LLC	SYSTEM ID# 007323	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		_
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)  \$\blacksquare* \$\$		Computation 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	
<b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base receipts from subscribers located within the station's local service area, from your system's total gross receipts. T exclusion, you must:  First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. De DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rat Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your sys	o take advantage of this distant to the same stermine the number of e fee for each group.	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exalso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A aif your cable system is wholly located outside all major television markets, complete block A only.	empt in part 7, you must	for Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations  Step 1: For each community served, determine the local service area of each wholly distant and each partially discarried to that community.	stant station you	for Partially Permitted Stations
<b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)		
<b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. system will have only one subscriber group when the distant stations it carried have local service areas that coincidents.	Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of groups.	your system's subscriber	
In each section: In each section: Identify 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 dist	ant to all of the	
• If:  1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you and 4 of this schedule; or,  2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you ga		
part 6 of this schedule.  • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
<ul> <li>Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gin the paper SA3 form.</li> </ul>	general instructions	
<ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber g DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do actual calculations on the form.</li> </ul>	roup (that is, the total	

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

LEGAL NAME OF OWNE COXCOM, LLC	R OF CABL	E SYSTEM:				S	YSTEM ID# 007323	Name
BL				TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU		
COMMUNITY/ AREA	FIRST	SUBSCRIBER GROL	JP <b>0</b>	COMMUNITY/ AREA	JP <b>0</b>	9		
					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
		-				-		
			<b>.</b>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	<b>.</b>		<u> </u>	-		
		-						
		-						
		-						
		-						
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
				II				
Base Rate Fee: Add the 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	

Computation of Palase Receipts Second Group Society Second Group Se	COXCOM, LLC							007323	Name
					ATE FEES FOR EA			u.D	
Computation of Sase Rate For Second Group \$ 0.00  Third DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Gase Rate For Second Group \$ 0.00  Third DSE CALL SIGN	COMMUNITY/ ARE		SUBSCRIBER GR		COMMINITY/ ARE		SUBSCRIBER GRO		9
	SOMMONT IT AIRL				OOMMONT IT AIRE				_
and Syndicate Sections of the Exclusivity Surcharge for the Exclus	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicates Exclusivity Surcharge for Partially Distant Stations									
Exclusivity Surcharge for Partially Distant Stations  Total DSEs  0.00 Total DSEs 0.00 Base Rate Fee Second Group \$ 0.00 Third Subscriber Group (COMMUNITY) AREA 0 COMMUNITY AREA 0 COMMUNITY AREA 0 COMMUNITY AREA 0 Total DSE CALL SIGN DSE COMMUNITY AREA DSE CALL SIGN D									
Partially Distant Stations			H						Exclusivity
Partially Distant Stations									Surcharge
Distant Stations    O.00									
Stations    Outstand									
Sots First Group  South See First Group  South Strike Group  South									
Sots First Group  South See First Group  South Subscriber Group  FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  OCOMMUNITY/ AREA  OCOMMU									
Sots First Group  South See First Group  South Strike Group  South									
Sots First Group  South See First Group  South Strike Group  South									
Sots First Group  South See First Group  South Strike Group  South									
Sorbis First Group  Sorbis Fourth Group  So									
Base Rate Fee Second Group  THIRD SUBSCRIBER GROUP  TOMMUNITY AREA  O  COMMUNITY AREA  O  CALL SIGN  DSE  CALL	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee Second Group  THIRD SUBSCRIBER GROUP  Y/ AREA  0 COMMUNITY/ AREA  0 DSE  CALL SIGN  DSE  CALL SI	Gross Receipts Firs	st Group	\$	0.00	Gross Receipts Sec	cond Group	<u></u>	0.00	
THIRD SUBSCRIBER GROUP  Y/ AREA									
O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O DSE CALL SIGN DS	Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
N DSE CALL SIGN DSE CALL SIGN DSE  Output  Out			SUBSCRIBER GR				SUBSCRIBER GRO	UP	
ots Third Group   O.00  Total DSEs  Gross Receipts Fourth Group  S  O.00	COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	A		0	
ots Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ots Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
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ots Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
	Total DSEs			0.00	Total DSEs			0.00	
see Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Gross Receipts Thi	rd Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
ee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00								<del></del>	
	Base Rate Fee Thi	rd Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
				scriber group	as shown in the boxe	es above.			
ee: Add the base rate fees for each subscriber group as shown in the boxes above.	inter here and in b						\$	0.00	

ACCOUNTING PERIOD: 2022/2

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM IC								
Name	COXCOM, LLC								
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP								
9	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 Syndicated Exclusivity	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 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	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 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.</li> </ul>								
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation								
	SYNDICATED EXCLUSIVITY SURCHARGE First 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 total number of DSEs for this subscriber group subject to the surcharge computation								
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group								
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)								