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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

## SA3E Long Form

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

Accounting Period         2022/2           B         Instructions: Cover the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during period.com/the owner on the cable system If there were different owners during period.com/the owner on the cable system If there were different owners during period.com/the owner on the solution period.com/the owner owner owner with the owner solution period.com/the owner owner owner with the owner solution period.com/the owner owner owner with the owner owner owner with the owner owner with the owner owner owner owner owner owner owner with the owner ownere owner owner owner owner ownere owner owner owner	Period B Owner r	Instructions: Give the full legal name of the owner of the cable rate title of the subsidiary, not that of the parent corpo List any other name or names under which the o If there were different owners during the account a single statement of account and royalty fee paymer Check here if this is the system's first filing. If LEGAL NAME OF OWNER/MAILING ADDRESS C	pration wner conducts the business of the cable system ing period, only the owner on the last day of th nt covering the entire accounting period	m e accounting period should :	·						
B       Give the full legal name of the conver of the cable system. If the owner is a subsidiary of another corporation, give the full corpo         Ist any other name or names under which the owner conducts the business of the cable system.       Iter title of the subsidiary, not that of the parent corporation, only the owner on the last day of the accounting period should subm.         a single statement of account and royally fee payment covering the entire accounting period.	B Owner r	Give the full legal name of the owner of the cable rate title of the subsidiary, not that of the parent corpor- List any other name or names under which the o If there were different owners during the account a single statement of account and royalty fee paymer Check here if this is the system's first filing. If LEGAL NAME OF OWNER/MAILING ADDRESS C	pration wner conducts the business of the cable system ing period, only the owner on the last day of th nt covering the entire accounting period	m e accounting period should :	·						
COX COMMUNICATIONS OMAHA, LLC       00732420222         007324 20222       007324 20222         007324 20222       007324 20222         6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR ATLANTA, GEORIGA 30328       6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR ATLANTA, GEORIGA 30328         C       NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1         IDENTIFICATION OF CABLE SYSTEM:         2       MAILING ADDRESS OF CABLE SYSTEM:         2       Wintiber, street, runal routs, apartment, or state number)         (City, lown, state, 2)p code)       Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b         Area Served       Citry OR TOWN       STATE         First       OMAHA       NE         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       Citry OR TOWN (SAMPLE)       STATE         Sample       Aida       M       1				the Licensing Division.	_	007324					
OUT32420222         007324 2022/2         007324 2022/2         6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR ATLANTA, GEORIGA 30328         Image: stream of the system of the system of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1         Image: stream of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       Image: stream of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         2       MALING ADDRESS OF CABLE SYSTEM:         2       MALING ADDRESS OF CABLE SYSTEM:         2       Image: street, truit route: apartment, or suite number)         (City, town, state, zip code)       Image: street, truit route: apartment, or suite number)         (City OR TOWN       STATE         First Community       OMAHA         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       STATE         City OR TOWN (SAMPLE)       STATE         Alda       MD         Alda       1		COX COMMUNICATIONS OMAHA.	OF CABLE SYSTEM								
OD324       2022/2         Construction			LLC								
Contract       Contract <th< td=""><td></td><td></td><td></td><td></td><td>00732</td><td>420222</td></th<>					00732	420222					
ATLANTA, GEORIGA 30328         C       NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       Image: Dentification of cable system:       Image: Dentification of cable system:         2       MAILING ADDRESS OF CABLE SYSTEM:       Image: Dentification of cable system:       Image: Dentification of cable system:         2       Mailing Address of cable system:       Image: Dentification of cable system:       Image: Dentification of cable system:         2       Image: Dentification of cable system:       Image: Dentification of cable system:       Image: Dentification of cable system:         2       Image: Dentification of cable system:       Image: Dentification of cable system:       Image: Dentification of cable system:         2       Image: Dentification of cable system:       Image: Dentification of cable system:       Image: Dentification of cable system:         2       Image: Dentification of cable system:         3       Area       Image: Dentification of cable system:       State       Image: Dentification page:       Image: Dentification page:       Image: Dentification page:       Image: Dentification page:       Image: D					007324	2022/2					
1       MAILING ADDRESS OF CABLE SYSTEM:         2       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 community served below and relist on page 1b         Area       with all communities.         Served       CITY OR TOWN         First       OMAHA         Community       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Alda       MD         Aliance       MD       A         MD       B       2		INSTRUCTIONS: In line 1, give any business or									
2       (Number, street, rural route, apartment, or suite number)         (City, town, state, zip code)       (City, town, state, zip code)         D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       Served         First       OMAHA       NE         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)         Sample       Aida       MD       A       1         Aliance       MD       B       2	System	1 IDENTIFICATION OF CABLE SYSTEM:									
Instructions:     For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b       Area Served     Instructions:     For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b       Area Served     CITY OR TOWN     STATE       First Community     OMAHA     NE       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.     CITY OR TOWN (SAMPLE)     STATE       Sample     Aida     MD     A     1       Alda     MD     B     2	-	MAILING ADDRESS OF CABLE SYSTEM:									
D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       with all communities.         Served       CITY OR TOWN       STATE         D       MAHA       NE         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)       STATE       CH LINE UP       SUB GRP#         Aida       MD       A       1         Aliance       MD       B       2		2 (Number, street, rural route, apartment, or suite number)									
Area Served     with all communities.       First Community     OMAHA     STATE       Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB GRP#       Sample     Alda     MD     A     1       Alliance     MD     B     2		(City, town, state, zip code)									
Served     CITY OR TOWN     STATE       First     OMAHA     NE       Community     Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB GRP#       Alda     MD     A     1       Alliance     MD     B     2	D	Instructions: For complete space D instructions	s, see page 1b. Identify only the frst comm	unity served below and re	list on page	; 1b					
First     OMAHA     NE       Community     Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB GRP#       Alda     MD     A     1       Alliance     MD     B     2		with all communities.									
Community     Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB GRP#       Alda     MD     A     1       Alliance     MD     B     2											
Sample     MD     A       Alda     MD     B											
SampleAldaMDA1AllianceMDB2	-										
Sample Alliance MD B 2					SUB						
	Sample										
		es your statement of account. PII is any personal information g PII, you are agreeing to the routine use of it to establish ar	-								

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/24/2023

completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#								
COX COMMUNICATIONS OMAHA, LLC			007324								
<b>nstructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined n 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 station all communities with the channel line-up "A" in the appropriate column below of on a partially distant or partially permitted basis in the DSE Schedule, associa designated by a number (based on your reporting from Part 9).	or leave the column blank.	If you report any	stations								
When reporting the carriage of television broadcast stations on a community- channel line-up designated by an alpha-letter(s) (based on your Space G repo (based on your reporting from Part 9 of the DSE Schedule) in the appropriate	orting) and a subscriber gr										
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-							
ОМАНА	NE			First							
BELLEVUE	NE			Community							
BENNINGTON	NE										
	AI IA										
	AI IA										
CRESCENT DOUGLAS COUNTY	IA NE			See instructions for additional informati							
GRETNA	NE			on alphabetization.							
LA VISTA	NE										
OFFUT AFB	NE										
PAPILLON	NE										
POTAWATTAMIE COUNTY	IA			Add rows as necessa							
RALSTON	NE										
SARPY COUNTY	NE										
VALLEY	NE										
WATERLOO	NE										

FORM SA3E. PAGE 1b.

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:							S	YSTEM ID		
Name	COX COMMUNICATION	S OMAHA,	LLC							00732		
Е	SECONDARY TRANSMISSION											
E	In General: The information in s											
Secondary	system, that is, the retransmission about other services (including p											
Transmission	last day of the accounting period							linose exist	ing on the			
Service: Sub-		oth blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	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											
Rates	each category by counting the n separately for the particular serv								charged			
									e and the			
	<b>Rate:</b> 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 disc											
	Block 1: In the left-hand block											
	systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that falls under different											
	categories, that person or entity											
	subscriber who pays extra for ca						in the count ur	nder "Servio	ce to the			
	first set" and would be counted o	once again und	er "Ser	vice to addition	nal	set(s)."		different f				
	<b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiors of convice that include one or more secondary transmissions), list them, together											
	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.	JCK 1			П			BLOC	К 2			
		NO. OF							NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		CATE	GORY OF SEI	RVICE	SUBSCRIBERS	RATE		
	Residential:	_										
	Service to first set	3	7,597	\$25-\$50.00								
	Service to additional set(s)		4	No Cost								
	• FM radio (if separate rate)		005									
	Motel, hotel Commercial		235	\$25-\$50.00								
	Converter		5,101	\$25-\$50.00								
	Residential	23	0,413	\$ 6.00								
	Non-residential		4.025	\$ 6.00								
		_	.,020	• • • • • •								
	SERVICES OTHER THAN SEC				-							
F	In General: Space F calls for rat											
-	not covered in space E, that is, t service for a single fee. There ar											
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the ur		usually	billed. If any ra	ate	es are cha	arged on a vari	able per-pr	ogram basis,			
Secondary Fransmissions:	enter only the letters "PP" in the		ha aabl	a avatam far a	~~	h of tho o	nnliachla con <i>i</i> i	ooo liatad				
Rates	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) descrip											
		BLO							BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER			RATE	CATEGC	RY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res	sid	ential						
	Pay cable     Approximately add'l abannol	\$ 15.99		itel, hotel								
	Pay cable—add'l channel     Fire protection	10.00-32.00	• Commercial     • Pay cable     • Pay cable-add'l c									
	Fire protection     Burglar protection					nnel						
	•Burglar protection Installation: Residential			-	ııd							
	• First set	20-100.00	Fire protection     Burglar protection		Burglar protection							
	Additional set(s)	\$ 25.00		services:	•							
	• FM radio (if separate rate)			connect								
	Converter			sconnect								
				tlet relocation			\$0-\$50.00					
		1						1				
			• Mc	ve to new addr	res	SS	20.00-50.00					

Name

G

Primary

Transmitters:

Television

SYSTEM ID#

007324

## COX COMMUNICATIONS OMAHA, LLC

#### PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**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.

	<b>U</b> .	• •	•		•	4
		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KBIN-1	32.1	E	No		COUNCIL BLUFFS, IA	
KBIN-3	32.3	E-M	No		COUNCIL BLUFFS, IA	See instructions for
KBIN-4	32.4	E-M	No		COUNCIL BLUFFS, IA	additional information
KETV-1	7.1	N	No		OMAHA, NE	on alphabetization.
KETV-2	7.2	I-M	No		OMAHA, NE	
KMTV-1	3.1	N	No		OMAHA, NE	
KMTV-2	3.2	I-M	No		OMAHA, NE	
KMTV-5	3.5	I-M	No		OMAHA, NE	
KOHA-1	27.1	I	No		OMAHA, NE	
KOHA-2	27.2	I-M	No		OMAHA, NE	m
KPTM-1	42.1	I	No		OMAHA, NE	
KPTM-2	42.2	I-M	No		OMAHA, NE	m
KPTM-3	42.3	0			OMAHA, NE	m
KPTM-4	42.4	I-M	No		OMAHA, NE	
KXVO-1	15.1	I	No		OMAHA, NE	
KXVO-2	15.2	I-M	No		OMAHA, NE	
KXVO-3	15.3	I-M	No		OMAHA, NE	
KYNE-1	26.1	E	No		OMAHA, NE	

**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.

Name

G

Primary

Transmitters:

Television

SYSTEM ID#

007324

## COX COMMUNICATIONS OMAHA, LLC

#### PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**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.

		CHANN	EL LINE-UP	AA (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KYNE-2	26.2	E-M	No		OMAHA, NE
KYNE-3	26.3	E-M	No		OMAHA, NE
KYNE-4	26.4	E-M	No		OMAHA, NE
WOWT-1	6.1	N	No		OMAHA, NE
WOWT-2	6.2	I-M	No		OMAHA, NE
WOWT-3	6.3	I-M	No		OMAHA, NE
WOWT-6	6.6	I-M	No		OMAHA, NE

**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.

ACCOUNTING PERI								FORM SASE. FAGE 4.
Name	LEGAL NAME OF C							SYSTEM ID# 007324
Н	all-band basis v	t every radio s vhose signals	tation ca were "ge	rried on a separate and discre nerally receivable" by your ca	ble system during	g the accounti	ng perio	d.
Primary Transmitters: Radio	receivable if (1) on the basis of i For detailed info located in the pa <b>Column 1:</b> Io <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about aper SA3 form dentify the call itate whether t the radio stati this by placing Sive the station	v the syst be receivent t the the sign of e he statio on's sign a check a's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations c each station carried. n is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anter in this point, see ed by the cable sy e station is licens	adend, and (2) nna, during ce page (vi) of th ystem as a se ed by the FCC	it can b rtain sta e genera parate a	e expected, ited intervals. al instructions nd discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
								·

<ul> <li>Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the log in block 2.</li> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their met clear. If you need more space, please attach additional pages.</li> <li>Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accord period, was broadcast by a distant station and that your cable system substituted for the programming of and under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in th SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific pr titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 4: Give the broadcast station's location (the community to which the station is licensed by the FC the case of Mexican or Canadian stations, if any, the community with which the station is identified).</li> <li>Column 5: Give the month and day when your system carried the substitute program. Use numerals, with first. Example: for May 7 give "5/7."</li> <li>Column 6: State the times when the substitute program was carried by your cable system. List the times at to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. shoul stated as "6:00–6:30 p.m."</li> </ul>	izations. For a further in the paper SA3 form. Program Yes XNo e program eaning is punting other station le paper ogram C or, in the month accurately Id be	Substitute Carriage: Special Statement an Program Log
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable substitute basis during the accounting period, under specific present and former FCC rules, regulations, or author explanation of the programming that must be included in this log, see page (v) of the general instructions located <b>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</b> • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television broadcast by a distant station? • Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their me clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accourding period, was broadcast live, on on tuse general categories like "movies", or "basketball". List specific preventions for futher information. Do not use general categories like "movies", or "basketball". List specific preventions 3 Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the month and day when your system carried the substitute program. Use numerals, with first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by a system form 6:01:15 p.m. to 6:28:30 p.m. should stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was	izations. For a further in the paper SA3 form. Program Yes XNo e program eaning is punting other station le paper ogram C or, in the month accurately Id be	Carriage: Special Statement an
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to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the list gram was substituted for programming that your system was permitted to delete under FCC rules and regula effect on October 19, 1976.	ed pro	
		-
SUBSTITUTE PROGRAM CARRIAGE OCCURI	DED 7. REASON	
1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIME	FUR	
Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM -	ТО	
		-
		-
		-
		-
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		1

FORM SA3E. PAGE 5.

Name	LEGAL NAME OF (	OWNER OF CABLE	SYSTEM:						SYSTEM ID#		
Name	COX COMM	UNICATION	S OMAHA, LLC						007324		
l	PART-TIME CA			ace G If you lie	ted	a station's basis	of carriage as "	1 AC" for part-			
J Part-Time Carriage Log	<ul> <li>In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.</li> <li>Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>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."</li> </ul>										
	• 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."										
		Γ	DATES	AND HOURS (	DF F	PART-TIME CAF	RIAGE				
	CALL SIGN	WHEN	CARRIAGE OCCU			CALL SIGN	WHEN	I CARRIAGE O			
		DATE	HOUF FROM	TO			DATE	FROM	OURS TO		
			_								
			-						_		
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FORM	SA3E. PAGE 7.	
LEGA	IL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
CO	X COMMUNICATIONS OMAHA, LLC 007324	Nume
Inst all a (as i page	DSS RECEIPTS         ructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service dentified in space E) during the accounting period. For a further explanation of how to compute this amount, see         e (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.	<b>K</b> Gross Receipts
Instru • Com • Com • If yo fee t • If yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete 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 amount of the minimum 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 parts of the DSE Schedule ompanying this form and attach the schedule to your statement of account.	L Copyright Royalty Fee
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of k 3 below.	
If particular between seven seve	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block low.	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.	
	Line 1. Enter the amount of gross receipts from space K \$35,786,649.86 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	
	This is your minimum fee.         \$ 380,769.95	
2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check         "Yes" in this block.         • Did your cable system carry any distant television stations during the accounting period?         Yes—Complete the DSE schedule.         X       No—Leave block 3 below blank and complete line 1, block 4.         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	
Block 3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	
	Line 3. Add lines 1 and 2 and enter here <b>\$</b> -	
4	(Interest Worksheet)	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	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         State	form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #	
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)	

ACCOUNTING PERI	OD: 2022/2							FORM SA	3E. PAGE 8.
Name	LEGAL NAME OF OW	NER OF CABLE	SYSTEM:					SY	STEM ID#
Name	COX COMMUN	IICATIONS	6 OMAHA, LLC						007324
	CHANNELS								
м	Instructions: Yo	ou must give	e (1) the number	of channels on v	which the cable	system carri	ed television broado	cast stations	
	to its subscribers	s and (2) the	e cable system's	total number of a	activated channe	els, during th	e accounting period	d.	
Channels			,			, 0	01		
	1. Enter the tota	I number of	channels on whic	ch the cable				29	
	system carried	television b	proadcast stations	S					
	2. Entor the total	l number of	activated abanna						
			activated channe carried television		ions				
		-	S					384	
N			ACTED IF FURT		TION IS NEEDE	ED: (Identify	an individual		
			atement of accou			(.uo)	an mannadai		
Individual to									
Be Contacted									
for Further Information	Name Johr	n Tonella	to				Telephon	e (504) 358-6422	
internation									
			HTREE DUN route, apartment, or		AD - 21 FLC	DOR			
		ANIA, G wn, state, zip)	EORIGA 303	28					
	Email	John	.Tonellato@c	ox.com		Fax	(optional) N/A		
	CERTIFICATION	(This stater	nent of account n	nust be certifed	and signed in ac	ccordance w	ith Copyright Office	regulations.	
Ο								Ū.	
Certifcation	• I, the undersigned	ed, hereby co	ertify that (Check o	one, <i>but only one</i>	, of the boxes.)				
	Owner other	than corpo	ration or partners	ship) I am the ow	ner of the cable	system as id	entifed in line 1 of sp	ace B; or	
							of the owner of the c	able system as identified	
	In line 1 of	space B an	d that the owner is	s not a corporatio	n or partnersnip;	or			
	·		an officer (if a cor	poration) or a par	tner (if a partners	ship) of the le	gal entity identifed a	s owner of the cable system	ı
	in line 1 of	space B.							
							atements of fact con	tained herein	
	are true, complete [18 U.S.C., Section			y knowledge, info	ormation, and bel	lief, and are n	nade in good faith.		
	[10 0.0.0., 000		0)]						
		X	/s/ Sanford	Mencher					
			•		•	•	certify this statement.	per in the boy and proce the	
								sor in the box and press the otus compatibility settings.	
		Typed	or printed name	: Sanford M	encher				
		Title:	SVP, Finan	ce and Acco	ounting				
				sition held in corpor		)			
		Date:	February 14, 20	023					
<u> </u>	[								
Drive ov A of Notice	Contine 111 of title	17 of the Un	vited States Code c	outhorizes the Car	wright Office to as	-    + +		rmation (PII) requested on th	

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 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 th completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS OMAHA, LLC	SYSTEM ID# 007324	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic nclude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		Concerning Gross Receipts Exclusion
Name     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 under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	erpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	t charge) nce please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Off please list below the owner, address, first community served, accounting period, and ID number as given in the filing.		
Owner Address		
First community served Accounting period ID number		

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#### 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 G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other station is part of the station broadcast over the air during the accounting period.

**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 anc "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 anc 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  $\varepsilon$  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 sys-

tems 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, noncommercial 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 account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any 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.

### DSE SCHEDULE. PAGE 11.

# 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.

TOTAL DSEs

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

CITY

Santa Rosa

Bodega Bay

Rapid City

Fairvale

DSE

1.0

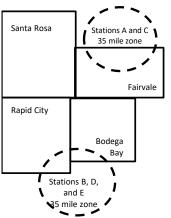
10

0.083

0.139

0.25

2.472



Minimum Fee Total Gross Receipts		\$600,000.00			
		x .01064			
		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

SERVICE AREA OF

Stations B, D, and E

TOTAL GROSS RECEIPTS

Stations A, B, C, D, E

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600,000.00

FROM SUBSCRIBERS

## ACCOUNTING PERIOD: 2022/2

## DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	STEM ID#						
1	COX COMMUNICATIONS OMAHA, LLC 007											
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station. Enter the sum here and in line 1	Y "O" STATION	S:		0.00							
2	Instructions: In the column headed "Call S	ign": list the call	signs of all distant stations i	dentified by the	etter "O" in column t							
Computation of DSEs for	of space G (page 3). In the column headed "DSE": mercial educational station, give	for each indepe e the DSE as ".2	5."		h network or noncom							
Category "O" Stations	CALL SIGN	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as												
necessary.												
Remember to copy all												
formula into new												
rows.												
						6						
						h						
	<b>.</b>	LI		L		L						

	COX COMM	OWNER OF CABLE SYST						SYSTEM 0073
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6 third decimal SA3 form.	st the call sign of all 2: For each station, g correspond with the 3: For each station, g 4: Divide the figure in t at least to the third of 5: For each independ value as ".25." 5: Multiply the figure point. This is the stat	ive the number of information given ive the total num column 2 by the decimal point. Th lent station, give in column 4 by th ion's DSE. (For CATEGOR MBER	dentified by "LAC" in color of hours your cable syst in in space J. Calculate of hober of hours that the st e figure in column 3, and his is the "basis of carria the "type-value" as "1.0 ne figure in column 5, ar more information on rou RY LAC STATIONS 3. NUMBER	em carried the sta only one DSE for e ation broadcast ov I give the result in ge value" for the s ." For each netwo ad give the result i inding, see page ( <u>6: COMPUTAT</u> 4. BASIS OF	tion during the account each station rer the air during the account decimals in column 4. station. rk or noncommercial e n column 6. Round to r viii) of the general instr CON OF DSEs 5. TYF	counting period. This figure must ducational station, no less than the functions in the paper PE 6. D	SE
	SIGN	CAF	HOURS RRIED BY STEM	OF HOURS STATION ON AIR	CARRIAG VALUE	GE VAL	JUE	
				÷	=	x	=	
				÷				
				÷	=	×	=	
				÷	=	×	=	
				÷	=	×	=	
				÷ ÷	=	×	=	
				÷ ÷	=	× ×		
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Computation of DSEs for Substitute-	Column 1: Giv • Was carried tions in effe • Broadcast c space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SIGN SUM OF DSEs Add the DSEs of Enter the su	t by your system in s act on October 19, 19 one or more live, nonr For each station give This figure should c Enter the number of Divide the figure in c This is the station's D 2. NUMBER OF PROGRAMS	ubstitution for a 176 (as shown by letwork program e the number of I forrespond with ti days in the caler olumn 2 by the f DSE (For more in SUBSTITUT 3. NUM OF D IN YE ÷ ÷ ÷ * * BASIS STATION of part 5 of this e amounts from	program that your syste y the letter "P" in column s during that optional can tive, nonnetwork program the information in space indar year: 365, except i igure in column 3, and g iformation on rounding, TE-BASIS STATIO IBER AYS FAR = = = = = = = = = = = = =	m was permitted to a 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in co see page (viii) of to NS: COMPUT. 1. CALL SIGN	o delete under FCC ru the word "Yes" in colum titution for programs th blumn 4. Round to no l he general instructions ATION OF DSEs 2. NUMBER OF PROGRAMS	les and regular. In 2 of at were deleted ess than the thirc is in the paper SA3 for 3. NUMBER OF DAYS IN YEAR ÷ ÷ ÷ • • • •	4. DS
Computation of DSEs for Substitute- basis Stations	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSEs Add the DSEs Enter the su TOTAL NUMBE number of DSE	t by your system in s act on October 19, 19 one or more live, nonr For each station give This figure should c Enter the number of Divide the figure in c This is the station's I 2. NUMBER OF PROGRAMS S OF SUBSTITUTE-F of each station. Im here and in line 3 ER OF DSEs: Give the	ubstitution for a 176 (as shown by letwork program e the number of I forrespond with ti days in the caler olumn 2 by the f DSE (For more in SUBSTITUT 3. NUM OF D IN YE ÷ ÷ ÷ * * BASIS STATION of part 5 of this e amounts from	program that your syste y the letter "P" in column s during that optional can ive, nonnetwork program he information in space indar year: 365, except i igure in column 3, and g iformation on rounding, TE-BASIS STATIO IBER AYS EAR = = = = = = = = = = = = = = = = = = =	m was permitted to a 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in co see page (viii) of to NS: COMPUT. 1. CALL SIGN	o delete under FCC ru the word "Yes" in colum titution for programs th blumn 4. Round to no l he general instructions ATION OF DSEs 2. NUMBER OF PROGRAMS	les and regular. In 2 of at were deleted ess than the thirc is in the paper SA3 for 3. NUMBER OF DAYS IN YEAR ÷ ÷ ÷ • • • •	4. DS
Computation of DSEs for Substitute- basis Stations	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SIGN SUM OF DSEs Add the DSEs of Enter the su TOTAL NUMBER number of DSE 1. Number of	t by your system in s act on October 19, 19 one or more live, nonr For each station give This figure should c Enter the number of Divide the figure in c This is the station's D 2. NUMBER OF PROGRAMS <b>S OF SUBSTITUTE-I</b> of each station. Im here and in line 3 <b>ER OF DSEs:</b> Give th s applicable to your s	ubstitution for a 176 (as shown by letwork program e the number of I forrespond with ti days in the caler olumn 2 by the f DSE (For more in SUBSTITUT 3. NUM OF D IN YE ÷ ÷ ÷ * * BASIS STATION of part 5 of this e amounts from	program that your syste y the letter "P" in column s during that optional can ive, nonnetwork program he information in space indar year: 365, except i igure in column 3, and g iformation on rounding, TE-BASIS STATIO IBER AYS EAR = = = = = = = = = = = = = = = = = = =	m was permitted to a 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in co see page (viii) of to NS: COMPUT. 1. CALL SIGN	o delete under FCC ru the word "Yes" in colum titution for programs th blumn 4. Round to no l he general instructions ATION OF DSEs 2. NUMBER OF PROGRAMS	les and regular. In 2 of at were deleted ess than the thirc is in the paper SA3 for 3. NUMBER OF DAYS IN YEAR ÷ ÷ ÷ • • • • • • • • • • • • •	4. DS
Computation of DSEs for Substitute- basis Stations	Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSEs Add the DSEs Add the DSEs Add the DSEs Inter the su TOTAL NUMBE number of DSE 1. Number of 2. Number of 2. Number of 1. N	t by your system in s act on October 19, 19 one or more live, nonr For each station give This figure should c Enter the number of Divide the figure in c This is the station's D 2. NUMBER OF PROGRAMS <b>OF SUBSTITUTE-E</b> of each station. Im here and in line 3 <b>ER OF DSEs</b> : Give the s applicable to your s of DSEs from part 2.	ubstitution for a 176 (as shown by letwork program e the number of I forrespond with ti days in the caler olumn 2 by the f DSE (For more in SUBSTITUT 3. NUM OF D IN YE ÷ ÷ ÷ * * BASIS STATION of part 5 of this e amounts from	program that your syste y the letter "P" in column s during that optional can ive, nonnetwork program he information in space indar year: 365, except i igure in column 3, and g iformation on rounding, TE-BASIS STATIO IBER AYS EAR = = = = = = = = = = = = = = = = = = =	m was permitted to a 7 of space I); and rriage (as shown by ms carried in subs I. n a leap year. give the result in co see page (viii) of to NS: COMPUT. 1. CALL SIGN	o delete under FCC ru the word "Yes" in colum titution for programs th blumn 4. Round to no l he general instructions ATION OF DSEs 2. NUMBER OF PROGRAMS	les and regular. In 2 of at were deleted ess than the thirc in the paper SA3 for 3. NUMBER OF DAYS IN YEAR + + + + + + + + + + + + +	4. DS

LEGAL NAME OF C			<b>c</b>				S	YSTEM ID# 007324	Name
Instructions: Bloo In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of p ocks B and C	below.	7 of the DSE sche		nd complete p	art 8, (page 16) o	f the	<b>6</b> Computation of
	1981?	outside of all i schedule—[	major and sma		fined under s			gulations in	3.75 Fee
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Jui dule. (Note: Th	part 2, 3, and 4 o ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permit	ted stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fc E Carried pursu. *F A station pre	Iles and regu ed pursuant f on as defined al educationa d station (76. or DSE sched ant to individu viously carrie JHF station w	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag ule). Jal waiver of F ad on a part-tin rithin grade-B o	ne or substitute ba contour, [76.59(d)(	ose in effect o 76.57, 76.59(b e)(1), 76.63(a 63(a) referrin bstitution of g asis prior to Ju	n June 24, 194 b), 76.61(b)(c), a) referring to g to 76.61(d) grandfathered une 25, 1981	76.63(a) referring 76.61(e)(1 stations in th∉		
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 OF	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 ab	ove			1	-	
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		i rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	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 I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)	)		0.00	

DSE SCHEDULE. PAGE 13.

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#COX COMMUNICATIONS OMAHA, LLC007324									
BLOCK A: TELEVISION MARKETS (CONTINUED)									
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS	3. DSE	6
									Computation of
									3.75 Fee
		1							
		<b>.</b>						•	
	Ι	I	Π	Γ	I	I	I	T	

			A.			DSE SCHEDULE. PAGE 14.		
Name	LEGAL NAME OF OWN	ICATIONS OMAH				SYSTEM ID# 007324		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the c Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FC A—Part-time spe 76.59( B—Late-night pr 76.61( S—Substitute ca genera Column 5: Indicate Column 5: Compare in block	r to June 25, 1981, ur call sign for each dista the DSE for this static the accounting period the basis of carriage of CC rules and regulatic ecialty programming: d)(1),76.61(e)(1), or 7 ogramming: Carriage e)(3)). arriage under certain F a linstructions in the p the station's DSE for the station's DSE for the the DSE figures liste B, column 3 of part 6	nder former FCC rules go int station identifed by the on for a single accounting and year in which the ca on which the station was of carriage, on a part-time b 6.63 (referring to 76.61(e under FCC rules, section FCC rules, regulations, or aper SA3 form. the current accounting pe ed in columns 2 and 5 and for this station.	verning part-time and su letter "F" in column 2 of period, occurring betwee rriage and DSE occurred carried by listing one of t those in effect on June 2 vasis, of specialty progra (1)). is 76.59(d)(3), 76.61(e)(3 authorizations. For furth riod as computed in part l list the smaller of the tw	Part 6 of the DSE schedu en January 1, 1978 and J d (e.g., 1981/1) he following letters 24, 1981. mming under FCC rules,	ule lune 30, 1981 sections (vi) of the dule e should be entered		
					ND SUBSTITUTE BASIS			
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED		
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE		
7 Computation of the		"Yes," complete block	s B and C, below. and C blank and complete	e part 8 of the DSE sche	dule.	1		
Syndicated			BLOCK A: MAJOR	TELEVISION MARK	KET			
Exclusivity								
Surcharge		-	op 100 major television ma		76.5 of FCC rules in effect	t June 24, 1981?		
	X Yes—Complete	DIOCKS B and C .		No—Proceed to	о рап 8			
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations	BLOC	K C: Computation of Exe	mpt DSEs		
	Is any station listed in commercial VHF station or in part, over the cal	block B of part 6 the on that places a grade ble system?	primary stream of a e B contour, in whole	Was any station liste	d in block B of part 7 carr ble system prior to March	ied in any commu-		
	Yes—List each station below with its appropriate permitted DSE         X       No—Enter zero and proceed to part 8.             X       No—Enter zero and proceed to part 8.							
	CALL SIGN	DSE CAI	L SIGN DSE	CALL SIGN	DSE CALL S	IGN DSE		
		•••••••••••••••••••••••••••••••••••••••						
		тот	AL DSEs 0.00		TOTAL D	OSEs 0.00		
		L.	•	`		•		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS OMAHA, LLC	SYSTEM ID# 007324	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	35,786,649.86	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below	<i>I</i> .	
	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	DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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)	DSE	
	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		

DSE	SCHED	ULE.	PAGE	16

Name	LEGAL NAM		LE. PAGE 16. YSTEM ID#
Name	(	COX COMMUNICATIONS OMAHA, LLC	007324
<b>7</b> Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1)	
		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	
<b>8</b> Computation of Base Rate Fee	6 was • In blo • If you • If you blank What i were lo	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. lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	Г Г	Yes—Complete part 9 of this schedule.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section	BLOCK B. NO PARTIALLY DISTANT STATIONS-COMPUTATION OF BASE RATE FEE	
	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.)	<u>D</u>
	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)	-

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Norse
cox	COMMUNICATIONS OMAHA, LLC 007324	Name
	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here ▶	
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here►	
	F. Multiply line D by line E and enter here ▶ \$	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee <b>S</b> 0.00	
	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity 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 part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable 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 station you to that community.	for Partially Permitted Stations
Step 2: outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne 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. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compu groups.	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
In each	section:	
Give t	y the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
, .	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,	
2) any j	f this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
•	e 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 instructions paper SA3 form.	
page. I DSEs f	It a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM I
	COX COMMUNICATIONS OMAHA, LLC	00732
	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. <b>Step 2:</b> 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 OW						ç	6YSTEM ID# 007324	Name
				TE FEES FOR EA				
		SUBSCRIBER GRC				SUBSCRIBER GRC		9
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				-	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0,122 01011	002		DOL		DOL	OF ILL OTOTA	562	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge for
						n <b>=</b>		Partially
		-						Distant
								Stations
						n <mark>-</mark>		
						n <b>=</b>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Se	cond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee See	cond Group	\$	0.00	
		SUBSCRIBER GRC				I SUBSCRIBER GRC		
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts For	urth Group	\$	0.00		
Base Rate Fee Third Group		\$	0.00	Base Rate Fee Fourth Group \$		\$	0.00	
				11				
			criber group	as shown in the boxe	s above.	¢	0.00	
Enter here and in bl	UCK 3, IINE 1,	space L (page /)				¢	0.00	

				TE FEES FOR EA			
		SUBSCRIBER GRO	0P 0	COMMUNITY/ ARE		SUBSCRIBER GRC	<u>909</u> 0
COMMUNITY/ AREA 0							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
		-					
		-					
		-					
		-		-			
		-					
al DSEs			0.00	Total DSEs		0.00	
ss Receipts First	Group	\$	0.00	Gross Receipts Second Group		\$ 0.00	
e Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRC	UP
/MUNITY/ ARE/			0	COMMUNITY/ ARE			0
LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
			0.00	Total DSEs			0.00
	1 Group	\$	0.00	Total DSEs Gross Receipts Fou	urth Group	S	0.00
otal DSEs ross Receipts Third	1 Group				urth Group	<ul> <li>International international internatione international international international international inte</li></ul>	
						s	
oss Receipts Thire		\$ \$	0.00	Gross Receipts Fou		·	0.00
ss Receipts Thire	d Group	\$	0.00	Gross Receipts Fou Base Rate Fee Fou	irth Group	·	0.00
Receipts Thire Rate Fee Thire Rate Fee: Add	d Group	\$	0.00	Gross Receipts Fou	irth Group	·	0.00

		FORM SAJE. PAGE 20.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS OMAHA, LLC	SYSTEM ID# 007324					
	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	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						
Syndicated Exclusivity Surcharge	this schedule. <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as 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 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 computation	this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY					
	SURCHARGE	SURCHARGE					
	First Group	Second Group					
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1					
	and enter here. This is the 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 computation	subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY					
	SURCHARGE Third Group	SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page						